

UNIVERSAL
LIBRARY



105 208

UNIVERSAL
LIBRARY

Studies in Abnormal Psychology

EDITOR

MORTON PRINCE, M.D., LL.D.

Tufts College Medical School

ASSISTANT EDITORS

ERNEST JONES, M.D., M.R.C.P.

University of Toronto

J. S. VAN TESLAAR, M.D.

Boston

ASSOCIATE EDITORS

HUGO MÜNSTERBERG, M.D., Ph.D.

Harvard University

BORIS SIDIS, M.A., Ph.D., M.D.

Brookline

JAMES J. PUTNAM, M.D.

Harvard Medical School

CHARLES L. DANA, M.D.

Cornell University Medical School

AUGUST HOCH, M.D.

New York State Hospitals

ADOLF MEYER, M.D.

Johns Hopkins University

WILLIAM McDUGALL, M.B.

Oxford University

SERIES FOUR

RICHARD G. BADGER

The Gorham Press

BOSTON

In view of the great importance of the contributions of eminent specialists in psychology which have been published in THE JOURNAL OF ABNORMAL PSYCHOLOGY, and the increasing demand for the same, the publisher has been encouraged to re-issue such numbers as are in print, in order that this valuable material may be more accessible to the general reader. The first series contains the articles published in the issues of the magazine from April, 1910, to March, 1911, inclusive; the second series those published from April, 1911, to March, 1912, inclusive; the third series those published from April, 1912, to March, 1913, inclusive, and the fourth series from April, 1913, to March, 1914, inclusive.

Many of the earlier numbers of the magazine are already out of print, so that no collected volumes can easily be made to cover their contents.

CONTENTS—SERIES IV

	PAGE
Relation Between the Anxiety Neurosis and Anxiety Hysteria. By Ernest Jones	1
The Effect of Psychophysical Attitudes on Memory. By William D. Tait	10
A Case of Synesthesia. By Isador H. Coriat.....	38
A Psychoanalytic Study of a Severe Case of Hysteria. By L. E. Emerson	44
The Analysis and Interpretation of Dreams Based on Various Motives. By Meyer Solomon	73
A Simple Phobia. By Ernest Jones	101
An Unusual Type of Synesthesia. By Isador H. Coriat...	109
A Perversion Not Commonly Noted. By Margaret Otis...	113
How Far is Environment Responsible for Delusions? By E. E. Southard and A. W. Stearns	117
The Relation of Erotic Dreams to Vesical Dreams. By Havelock Ellis	137
Presidential Address Before the American Psychopathological Association. By James J. Putnam	168
A Psychoanalytic Study of a Severe Case of Hysteria (concluded). By L. E. Emerson	180
On Formulation in Psychoanalysis. By Frederick Lyman Wells	217
The Psychopathology of a Case of Phobia. By Morton Prince	228
The Psychological Analysis of So-Called Neurasthenic and Allied States. By Trigant Burrow	243
The Possible Correlation Between Delusions and Cortex Lesions in General Paresis. By E. E. Southard and A. S. Tepper	259
The Case of Louis Bonaparte, King of Holland. By Ernest Jones	289
Some Notes on "Transference." By Smith Ely Jelliffe...	302
Psychanalytic Fragments from a Day's Work. By A. A. Brill.....	310
The Meaning of the Psychic Factor. By Trigant Burrow...	322
Fourth Annual Meeting of the American Psychopathological Association, May 8, 1913. Discussion	331
The Productions in a Manic-like State Illustrating Freudian Mechanisms. By John T. MacCurdy	361
(Discussion: American Psychopathological Association.)...	376
Slips of the Tongue and Pen. By C. P. Oberndorf.....	378
Three Examples of Name-Forgetting. By H. W. Frink...	385
Inventorial Record Forms of Use in the Analysis of Dreams. By Lydiard H. Horton	393
The Freudian Psychology and Psychical Research. By Leonard T. Troland	405

INDEX TO SUBJECTS

[Figures with asterisks indicate original articles. Figures without an asterisk indicate abstracts, reviews, critical digests, society reports and discussions. The names of the authors are given in parentheses.]

	PAGE
American Psychopathological Association, Fourth Annual Meeting. (Discussion)	331
American Psychopathological Association, Presidential Address (Putnam)	*168
Anxiety Neurosis and Anxiety Hysteria (Jones)	*1
Bonaparte (Jones)	*289
Canada Porcupine (Sackett)	358
Delayed Reactions in Animals and Children (Hunter)	356
Delusions and Cortex Lesions (Southard and Tepper)	*259
Delusions and Environment (Southard and Stearns)	*117
Dreams, Analysis and Interpretation of (Solomon)	*73
Dreams, Relation of Erotic to Vesical (Ellis)	*137
Dreams, Inventorial Record Forms of Use in the Analysis of (Horton)	*393
Freudian Psychology and Psychical Research (Troland) ..	*405
Human Behavior, Fundamental Laws of (Meyer)	212
Human Behavior, Science of (Parmelee)	212
Hysteria, Nature of (Morselli)	63
Hysteria, Psychoanalysis of (Emerson)	*44, 180
Imago (Abstracts)	65
Incest-Motive (Rank)	68
<i>Internationale Zeit. f. Artliche Psycho Analyse</i> (Abstracts) ..	131
Instinct and Experience (Morgan)	352
Kallikak Family (Goddard)	67
Manic-like State Illustrating Freudian Mechanisms, the Productions in a (MacCurdy)	*361
Memory, Effect of Psychophysical Attitudes on (Tait)	*10
Moto-Sensory Development (Dearborn)	354
Multiple Personality, Some Types of (Mitchell)	57
Multiple Personality and Hysteria (Mitchell)	60
Mystic Experiences and Subconscious Activities (Pacheu) ..	210
Name-Forgetting, Three Examples of (Frink)	*385
Neurasthenia, Analysis of (Burrow)	*243
Obscene Literature and Law (Schroeder)	282
Pain (Schmidt)	69
Perversion (Otis)	*113
Phobia, Psychopathology of, A case of (Prince)	*228
Phobia, Simple (Jones)	*101
Prophecy (Kemmerich)	215
Psychic Factor (Burrow)	*322
Psychoanalysis, Formulation of (Wells)	*217
Psychanalytic Fragments from a Day's Work (Brill)	*310
Psychology, Outlines of the History of (Dessoir)	280
Sexual Factors on the Origin and Development of Speech (Sperber)	208

INDEX TO SUBJECTS

	PAGE
Slips of the Tongue and Pen (Oberndorf).....	*378
Subconscious (Assagioli).....	276
Sublimation (Assagioli).....	135
Synesthesia, Case of (Coriat).....	*38
Synesthesia, Unusual Type of (Coriat).....	*109
Synesthesias (Marinesco).....	132
Transference (Jelliffe).....	*302

CONTRIBUTORS TO VOLUME VIII

Berle, A. A.	354
Breed, Frederick S.	352
Brill, A. A.	310
Burrow, Trigant	243, 322
Coburn, Charles A.	356, 358
Coriat, Isador H.	38, 109, 132
Dearborn, G. V. N.	69, 212, 280
Ellis, Havelock	137
Emerson, L. E.	44, 180
Frink, H. W.	385
Horton, Lydiard H.	393
Jelliffe, Smith Ely	302
Jones, Ernest	1, 65, 68, 101, 131, 208, 289
MacCurdy, John T.	361
Mitchell, T. W.	57, 60
Oberndorf, C. P.	378
Otis, Margaret	113
Prince, Morton	228
Putnam, J. J.	168, 347, 351
Solomon, Meyer	73
Southard, E. E.	67, 117, 259
Stearns, A. W.	117
Tait, William D.	10
Tepper, A. S.	259
Troland, Leonard T.	405
Van Teslaar, J. S.	63, 135, 210, 215, 276, 282
Wells, F. L.	217

THE JOURNAL OF ABNORMAL PSYCHOLOGY

APRIL-MAY, 1913

THE RELATION BETWEEN THE ANXIETY NEUROSIS AND ANXIETY-HYSTERIA¹

BY ERNEST JONES, M.D.

Associate Professor of Psychiatry, University of Toronto

AS is well known, the views of Freud and his school have in the past few years undergone a continuous development in regard to the problem of morbid anxiety, as well as to other problems. The object of this communication is to define, so far as a single member of the school may do so, the present attitude towards this subject and to attempt to render more precise the relations between the conceptions of anxiety neurosis and anxiety-hysteria.

The progress in our knowledge of anxiety states may be represented in three stages, which can briefly be described as follows: In 1895 Freud separated from neurasthenia a clinical group to which he gave the name "anxiety neurosis," and which comprises the characteristic symptoms, both physical and psychical, that are now well known. The causes of this syndrome he found to be not psychical, but physical factors, consisting of incomplete satisfaction of physico-sexual needs under circumstances when these are excited; typical causative situations are those such as repeated coitus interruptus and certain forms of sexual abstinence. It is thus a matter of a combination of undue physical excitation and insufficient efferent discharge.

¹Read before the International Congress for Medical Psychology, September 9, 1912. Published, in translation, in the *Internat. Zeitschr. f. aertzliche Psychoanalyse*, January, 1913.

2 *Relation Between Anxiety Neurosis and Anxiety-Hysteria*

In 1908 Freud coined the term "anxiety-hysteria" to denote certain phobias the psychological structure of which resembled that of ordinary hysterical symptoms. The causes here are, as with hysteria in general, certain deviations in the development of the infantile psycho-sexual instincts, with the consequent accompaniment of repressed intra-psychical conflicts.

The third step, one made independently by Freud and most psycho-analysts, was the discovery that the same psychical factors that play the chief part in anxiety-hysteria are also to some extent operative in apparently pure cases of the anxiety neurosis.

The effect of this new knowledge was a double one: On the one hand it led to the necessity for revising various questions, such as the relation between the "actual neuroses" and the psychoneuroses, while on the other hand it made immediately intelligible a number of clinical problems that previously had been quite obscure. For instance, it explained some of the problems concerning the relation of the anxiety neurosis to hysteria, a matter to which Freud had already in his first communication (1895) devoted special attention, and it also explained the clinical finding that cases of hysterical phobia usually show as well symptoms of the anxiety neurosis. If we consider the essential elements of the infantile conflicts that lie behind such phobias we can understand how they often lead to another symptom, namely to an absolute or relative incapacity to obtain sexual gratification even when favorable conditions for this are freely present, in other words to an absolute or relative impotence. This incapacity can then bring about an anxiety neurosis, just as the absence of external opportunity for adequate gratification can, and this in spite of the fact that the psychoneurotic symptoms themselves render possible a sort of disguised gratification and a certain relief of tension.

As to the sexual origin of pathological anxiety there is, in my opinion, nothing more to be said. I have elsewhere¹ shown that, quite apart from actual experience, logical

¹"The Pathology of Morbid Anxiety." *JOUR. OF ABNORMAL PSYCHOL.*, 1911. Reprinted as Ch. VIII of my "Papers on Psycho-Analysis," 1912.

reflection alone, if only this is carried through consistently and without prejudice, can lead to no other conclusion, and there is no other part of the whole Freudian theory that finds a more constant confirmation in daily practice. The main problem is to determine the relative importance that is to be ascribed in the causation of anxiety states to the psychical and to the physical lack of gratification respectively, especially in the pure anxiety neurosis. One could make the matter easy by saying that, from its very biological nature, the sexual instinct must have both a psychical and a physical side, — a statement which is of course obvious, — but the question is which of the two is the more important in the present connection, a question which evidently is of weighty significance in regard to therapeutics.

That the physical factors to which Freud called attention in his first communication are actually concerned is indicated by two considerations, first that the removal of them is followed by an improvement in the symptoms, and secondly that their presence in such cases is to be found with extraordinary frequency, if not constantly. Even such an opponent as Janet¹ could not overlook the latter fact; he writes, "Si on peut avoir des renseignements, des aveux dans la vie sexuelle des malades, on voit qu'elle est presque toujours troublée et qu'elle est bien troublée en effet dans le sens qu'indique Freud." Several authors have assumed, perhaps under the influence of the stress that Freud in the communication referred to laid on the bodily factors, that the problem is purely a physical one, and speak, as does for instance Loewenfeld, of a tension due to libidogenic substances. Although recent investigations on the interrelation of ductless glands, particularly Cushing's work on the hypophysis, make the existence of such chemical substances probable, it should not be forgotten that there is no absolute proof of this, so that it would seem wiser to avoid all dogmatizing in this direction so long as we have nothing on the subject beyond speculation. In any case it is certain that in connection with the physical factors in question there are two important psychical points of view that should not be overlooked:

¹ Janet. *Les Obsessions et la Psychasthénie*, 1903, t. I, p. 622.

4 *Relation Between Anxiety Neurosis and Anxiety-Hysteria*

1. Such factors hinder adequate satisfaction of various psychical tendencies of probably considerable importance, which can scarcely be satisfied in any other way. With many people, perhaps especially with men, there remains, after sublimation has accomplished all it can, a certain surplus of desire, an impulse towards psychical discharge, and a wish to assure oneself once again of that feeling of individual value and capacity that nothing can give to the same degree as satisfactory personal relations of an intimate kind. When the lack of such relations hinders the psychical discharge there results a damming-up of an essentially psychical order (quite apart from any accompanying bodily accumulation).

2. When the various physical factors are considered to which Freud called attention (sudden introduction of girls to gross sexual experiences, and so on), it is seen that they all concern situations in which there must of necessity arise an intra-psychical conflict; for instance, no human being leads an abstinent life purely of his own free will, but only because a certain part of his personality is victorious in the conflict with the other, instinctive part. The importance of such conflicts is not to be underestimated, for they act in the same way as the current conflicts in cases of anxiety-hysteria, *i.e.*, through the reinforcement of older ones originating in childhood. I am perhaps the more inclined to bring this factor of intra-psychical conflict into prominence because for biological reasons I derive morbid anxiety not directly from repressed sexuality (as is so often done), but from the inborn fear-instinct, which has been stimulated to exaggerated activity (as a defence mechanism) in response to the danger of the repressed sexual wishes. This conception can be related to Freud's view in which he traces the "anxiety transformation of sexual hunger" to the fact that the ego deals with an internal danger in the same way that it is accustomed to deal with external dangers; it fears them and defends itself against them. A parallel can thus be drawn, in my opinion, between pathological anxiety and the pathological love of the obsessional neurosis, which is an exaggerated response to repressed hate (Freud, *Jahrbuch*, Bd. I.).

In addition to these considerations the two following

have also to be thought of: There are cases of anxiety neurosis in which the removal of the physical factors (*coitus interruptus*, etc.) leads to a partial improvement, but not to complete recovery, and then there are cases, exceptions it is true, in which such factors are altogether absent, *i.e.*, in which sexual intercourse is freely performed in the normal way. As is generally known, the analysis of such cases always reveals the presence of infantile psychical factors, similar to those characteristic of anxiety-hysteria. For all these reasons, therefore, psychical factors have to be credited with an essential significance in the causation of all anxiety states.

Can physical factors alone ever produce morbid anxiety? Probably not, for the following reasons: In cases where the psychical factors are less prominent, *i.e.*, where the psycho-sexual development approaches the normal, and where current conflicts are not very important, experience shows that such persons can tolerate a considerable amount of sexual tension without harm, far more than those with a more neurotic predisposition. Further, one sees that when sexual abstinence is forced on animals, *i.e.*, when the renouncement is due to purely external and not to internal causes (moral conflicts, etc.), the result is not an anxiety state but a condition of general irritability. The latter example is, it is true, only an analogy, and not an exact comparison. But the question cannot be tested with human beings, for, as was mentioned above, in most cases where physical factors are operative psychical ones are also; in cases where pressure is imposed from without, *e.g.*, in prisons and insane asylums, the persons can hardly be compared with the normal. The difficulty of isolating somatic factors in a pure form makes it necessary to remember that when we use the expression "physical factors" we refer to a given situation in which of necessity psychical factors also play an important part.

A few words may be said on the more general question of the relation of the "actual" to the psycho-neuroses. The distinctions between them drawn by Freud are mainly three: first, the individual symptoms of the former differ from those of the latter in the impossibility of reducing them further

6 Relation Between Anxiety Neurosis and Anxiety-Hysteria

through any form of psychological analysis; secondly, the causes of the former are physical, those of the latter psychical; and thirdly, the causes of the former are current, while those of the latter lie rather in the past (childhood). This scheme was correct at the time it was drawn up, and was an important advance on the previous confused neurological opinions; without it it would have been impossible to make any further progress. It retains its correctness also at the present day, but it is incomplete in the sense that it contains only a part of the truth and therefore needs revising and extending. The history of the past twenty years has shown that the most ruthless efforts in the direction of revision and extension of earlier incomplete views have been those made by Freud himself, and the present instance is no exception to the rule. In a recent illuminating communication¹, which might have been written in reference to the present subject, he says: "Psycho-analysis has induced us to give up the unfruitful contrast of external and internal factors of fate and constitution, and has taught us to find the causation of neurotic disease in a *definite psychical situation*,² which can be brought about in various ways." The difference between the anxiety neurosis and anxiety-hysteria cannot be described better than in terms of the various types of onset enumerated by Freud in this article. The former condition (anxiety neurosis) corresponds to the onset resulting from renouncement (Type A). The renouncement consists in the loss of psychical gratification, as a consequence of an unsatisfactory psychosexual life, and the accompanying conflicts lead, in the way mentioned by Freud, to an introversion of the sexual hunger (*Libido*) and a revival of older infantile conflicts. With hysterical phobias, on the other hand, where current conflicts and renouncement also play a considerable part, the most important factors are the demands of reality (*Realforderung*) or the inhibited development (Types B and C). But, as Freud insists, the distinction between the various types is to some extent artificial and schematic, inasmuch as in most cases the different factors

¹"Ueber neurotische Erkrankungsstypen." Zentralbl. f. Psa. Jahrg. II, S. 297.

²Not underlined in the original.

mentioned above are all concerned. The distinction is therefore entirely a quantitative and not a qualitative one, in some cases the one type or factor playing the most prominent part, in other cases the others. It is throughout comprehensible that with patients where the second and third factors are especially strongly developed it needs a lesser activity of the first one, or perhaps none at all, in order to evoke the illness. This consideration completely explains the variability of the different causative factors in anxiety states, the deeper and the more superficial, the older and the current ones. When the first are more prominent the patient may remain free from symptoms so long as there is no obstruction in the way of psychosexual gratification (current conflicts, etc.); but he can offer much less resistance than another person to the action of "physical" pathogenic factors, and will also, therefore, suffer sooner from an anxiety state.

The three distinctions given above between an actual and a psychoneurosis will now be considered a little more closely. The symptoms of anxiety-hysteria (phobias, etc.) are not only capable of a further psychological analysis, but cannot be conceived in any other way; they symbolize various wishes that have been subjected to repression. The symptoms of the anxiety neurosis seem to have a rather more complicated origin: on the one hand they represent the normal physiological accompaniments of fear, which has arisen through the psychical mechanism discussed above, *i.e.*, as a defense reaction to repressed sexual wishes, and which, just like the phobias, symbolizes both the wish and the censor opposed to it; on the other hand they may, and usually do, have an individual psychological mechanism of their own, quite similar to that of the phobias. An example: Breast dread shows both fear (free, floating pathological dread) and also certain definite apprehensions that are symbolized by the localization of the symptom; I have always found that this, especially when it is very pronounced — as with the anxiety equivalents — is overdetermined by psychical factors. The second distinction in question, the bodily in contrast to the mental, has been discussed above, and we saw that the latter factor plays an important part in

8 *Relation Between Anxiety Neurosis and Anxiety-Hysteria*

every case, whether of anxiety neurosis or anxiety-hysteria, while our knowledge of the former factor is as yet too indefinite to allow any precise statements to be made. In general it can be said that the "physical" factors (in the sense defined above) are as a rule much more pronounced with the anxiety neurosis than with the anxiety-hysteria, but even in this there is considerable variation. Similar remarks apply to the third distinction, the contrast between current and past factors, a subject that was clearly and exhaustively discussed by Freud in the communication mentioned above. We see, therefore, that there is no difference of principle between the conceptions of anxiety neurosis and anxiety-hysteria, since both conditions merely represent different types of the way in which the same final result, "a definite psychical situation," may be attained. The anxiety neurosis may thus be regarded as a single type or a syndrome of anxiety-hysteria; the latter is probably the wider conception.

Finally, some of the therapeutic applications of the preceding considerations may be emphasized, and this will be done in the form of a short statement, which needs no discussion in that it follows directly from what has been said. It concerns only the anxiety-neurosis. Psycho-analytic treatment of such cases should be undertaken under two circumstances: first, if the removal of the "physical" factors (*e.g.* coitus interruptus, etc.) does not lead to an adequate improvement in the symptoms, and secondly, if these factors are of such a kind that they cannot easily be removed (*e.g.* abstinence in widows over a certain age, in girls, etc.).

The conclusions that we have reached may be summarized as follows: The essential cause of all kinds of anxiety states consists in a lack of psychical gratification of the sexual hunger (*Libido*); the anxiety arises in the inborn fear-instinct, and the exaggeration of its manifestations represents a defensive response to repressed sexual wishes. In all cases the psychical factors play an important part, in many even the sole one. The physical factors are often contributory, but they alone are never sufficient to evoke an anxiety state; in addition these factors always have an important psychical side. The physical factors are much more prominent in the anxiety neurosis than in anxiety-hysteria

(phobias, etc.). The anxiety neurosis may be considered as a single symptom of anxiety-hysteria, the latter being the wider conception.

THE EFFECT OF PSYCHO-PHYSICAL ATTITUDES ON MEMORY

BY WILLIAM D. TAIT

I. INTRODUCTION

THE investigation to be described was conducted in the Harvard Psychological Laboratory during a period of two years. Nine subjects took part in the experiments during the greater part of the first year and nine during the greater part of the second year. Five were common to both periods, and all were members of the laboratory.

This work is not quite the same as the orthodox memory experiment, but was suggested by the following facts well known to all psychologists. It is found that, due to some sudden shock, whether emotional or physical, one or both of the following may happen.

1. The most recent events just preceding the shock may be lost, *or*
2. Those events immediately *after* the shock may be lost.

Both of these may occur in any instance or only one. The latter is usually the more common and even where both occur this loss is more extensive.

Time was when psychologists considered the abnormal individual as something totally different from the normal type, but to-day matters have changed, and there is a growing belief and conviction that there are no strong demarcation lines, and that, in general, the abnormal case only shows very exaggerated conditions of what is found in the normal individual. On account of the absence or comparative absence of this exaggeration we say that the normal person is better balanced. Sanity and insanity are then relative terms. The whole question is one of proportion, which is decided by fitness to meet environment.

More particularly, then, an attempt will here be made to see how far the memory of the normal individual is influenced by shocks; to determine the influence of pleasant

and unpleasant feelings on memory; to see how different kinds of ideas crowd one another out; to find out some of the factors which have an influence on memory after impressions have been received, and to discover if possible the significance of this after period. Further, if it be found that to all appearances some impressions are forgotten on account of some particular filling of the after-period, can some or all of them be recovered?

This outlines the general field. Needless to remark, no complete answer is given, but it may open up new ground in a somewhat neglected field.

Some years ago the aim of the experimental psychologist was to find out general laws, and little stress was given to individual differences, but now there is a growing tendency to see in these seemingly small differences powerful factors in deciding the make-up of the individual. In what follows there are some things which are common to all, and some strictly individual, and of these individual differences some are and some are not explained.

II. METHOD AND MATERIAL

For the most part words were the material used. They were arranged in lists of twenty. In some cases the words forming a list were associated with one another and in other cases they were detached or isolated. Some lists were made up of pleasant or unpleasant words respectively, and in some experiments colors were used. The method consisted of a combination of reproduction and recognition, except in the case of colors, where recognition alone was employed.

These lists of twenty words were read to the subject in an even tone and with great regularity. (Timed to the tick of a stop-watch.) This required practice and, hence for a considerable period, at first, no results were counted. The subject was instructed to reproduce the words remembered at a given signal, and the time was taken with a stop-watch from the giving of the signal until the subject uttered the first word. As mentioned above, the filling of this period after the reading of the words and the giving of the signal

was varied as will be described under the head of each experiment. The receptive attitude of the subject was also varied in the different experiments — sometimes it was passive, and at other times he was told to remember in an active way. The conditions of the experiment also varied the receptive attitude in an objective way.

III. EXPERIMENTAL

The first study to be taken up is the influence of the feelings of pleasantness and unpleasantness on memory. This is not altogether new, but it has an important bearing on other experiments, and the subject was approached in a somewhat different way, not altogether agreeing with the work of some other experimenters. This problem was investigated in three different ways.

1. Lists of words used to test memory were either pleasant or unpleasant.

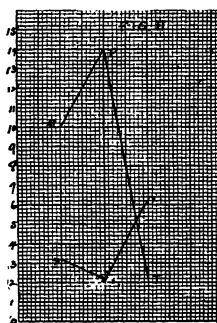
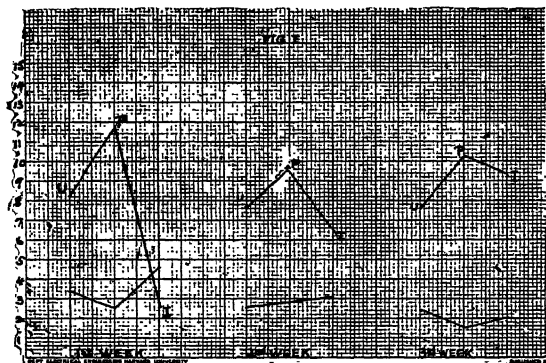
2. Neutral lists with the after-period filled in by something pleasant or unpleasant.

3. Recognition of colors.

- (1) Lists of twenty words each were read to the subjects, and three kinds or classes of lists were used. In one, the words composing the list were pleasant, optimistic, cheerful; in a second, unpleasant, pessimistic, cruel; while in the third the words were as devoid of feeling tone as possible. In none of the lists were the words purposely associated. The experiment in this connection covered a period of three weeks, and eleven subjects took part; they were instructed not to use any artificial means of remembering the words or to form any associations, but simply to take the words as they came, let them drop in and see how many remained.

Fig. I shows the results in graphic form. The ordinate shows the number of words remembered out of twenty. U=unpleasant list, P=pleasant list, I=indifferent list.

The lower lines represent the time from the giving of the signal until the subject uttered the first word. Each point—U, P, I—represents the average number of words remembered by eleven subjects. Curves for each of the three weeks are given. Fig. II is an individual record



chosen more or less at random. Fig. III gives the average results grouped.

The obvious conclusion is that the pleasant words are remembered better than the unpleasant or indifferent. The last week is an apparent exception because the supposed indifferent list was not indifferent for over half the subjects. It is also worthy of note that the unpleasant words are remembered better than the indifferent. It will also be seen that the time is shorter in cases where there are more words remembered, that is, the time is shortest in the case of the pleasant words and longest in the case of the indifferent. This is in agreement with the results of Bigham, *viz.*, that

the quicker the memory, the better it is, or the better it is, the quicker it is. One limitation must be made to that statement. We must always distinguish between immediate and retentive memory. Immediate memory is better, the quicker it is, but this is by no means necessarily true of retentive memory.

In only one subject were the unpleasant words remembered better than the pleasant ones, and as this is not regarded as an exception it will be discussed later.

The introspection is in substantial agreement with the objective results.

Introspection on pleasant lists. "Words isolated and disconnected and yet they were easy to remember."

"List seemed on the bright side of life and easy to remember."

"List seemed optimistic and easy to remember."

"Considerable emotion was an aid in the case of four or five words. No negative influence of emotion. Words did not inhibit one another as in the case of the unpleasant list."

"Words had an emotional tinge and easy to remember."

"No emotion."

"Some emotion connected with this list, especially the word 'hero,' which hauled other words along with it. Easier to remember than the last list (unpleasant)."

"More emotion connected with this list than with the other, and remembered more easily."

"Ill-defined feeling of satisfaction. This was a decided aid."

Introspection on unpleasant lists. "The words which are remembered stand out prominently and inhibit others."

"Decided emotional coloring."

"Vivid emotion, words seemed to crowd one another out."

"Not conscious of any emotion."

"No emotion. Words remembered stood out in relief and inhibited others. This was very noticeable."

"No emotion. Words remembered stood out clearer than the other words, so clear that they seemed to inhibit other words."

"Some emotion."

"Words remembered stood out plainly and seemed to inhibit others. The word poverty is an example."

It will be noted that many of the subjects, and those the most observant, speak of the inhibitory effect of the unpleasant words. There may be three reasons for this. First, it may be due to a strife between the expressions aroused by the unpleasant words and a more or less pleasurable attitude in the subjects themselves previous to hearing the list. Secondly, it may be due to a strife between the expressions aroused by the words individually. Expressions of unpleasantness are not so well unified as pleasant ones; the emotions connected with them and the accompanying expressions or instincts are more diverse than in the case of pleasant emotions. The latter is the more likely. Thirdly, unconscious suppression of the unpleasant.

(2) In the experiment described the lists were intrinsically pleasant, unpleasant or indifferent. In the following, the lists are all as indifferent as possible, and the words forming such lists were not associated in any obvious way. The receiving mood of the subjects was as far as possible the same. The influence of pleasantness or unpleasantness was introduced after the lists were read to the subjects. After one list something pleasant, optimistic and cheerful was read to the subject; after another something unpleasant and depressing was read.

The results here are not so evident, due to the fact that the reading itself was a distraction and that the associations thus involuntarily introduced would be as various as the different subjects. The work on this aspect of the question covered a period of three weeks with eleven subjects. The results may be summed up as follows:

AVERAGE % OF WORDS
REMEMBERED

When list was followed by pleasant ideas	21
When list was followed by unpleasant ideas	15

There is a difference of six per cent in favor of the pleasant words, which is in accordance with the results of the preceding experiment.

An individual example of how one unpleasant idea may

inhibit others and yet remain itself is well evidenced in the case of one subject specially well trained and very acute in the way of introspection. A list which was apparently neutral for all the other subjects contained the word "fagot." This immediately brought up vivid recollections of tortures contained in Lecky's *History of European Rationalism*. In this instance every word with the exception of "fagot" was obliterated. Evidently, the feeling and emotional tone connected with the word in question was very strong, and possessing a strong attitude, inhibited all others with different expressions or attitudes. Put in another way it would be that the complex — for no idea is alone — to which "fagot" belonged was stronger than the other complexes, strength being defined in terms of emotion and feeling, which accompany certain motor expressions. However, this is anticipating.

Introspection. "Had list excellently in mind before hearing about the torture. Its influence is destructive."

"Tortures seemed to scare one from the words."

"Reading about tortures is far more destructive than other reading."

"Felt that words remained better by the pleasant reading."

"Mind an absolute blank after the unpleasant reading, and many words never came back."

"Mind a blank after reading the unpleasant story."

The evidence so far seems to show that unpleasant ideas have a tendency to be suppressed and have a suppressing influence on other ideas with which they are connected intimately or even more remotely.

(3) The third method was the recognition of colors. Here a series of fifteen colors was shown to the subject on a uniform gray background, and he was asked to pass judgment according to the following scale:

1. Very pleasant.
2. Moderately pleasant.
3. Just pleasant.
4. Indifferent.
5. Just unpleasant.

6. Moderately unpleasant.
7. Very unpleasant.

After the judgment of the series was completed, two or three alterations were made in it by changing as many of the colors. The series thus changed was again shown to the subject in a different order and judgments again asked for. The subject was also asked after the exposure of each color if that color was in the preceding series.

In all, two hundred and forty-two tests were made, and the results can be summed up as follows:

Averaged number of pleasant colors remembered	63.4%
Average number of unpleasant colors remembered	47.2%
Average number of indifferent colors remembered	27.3%

The results would be much more marked but for the fact that one subject had the heartiest detestation for the whole work with colors, and reported every color unpleasant with but few exceptions. To some extent the same holds true in the case of two other subjects who came in the afternoon and were very often fatigued by their work of the morning. These exceptions could be explained on the theory that the tone of the existing complex is stronger than that of the incoming impressions and the same mantle is thrown over them.

It may seem strange that the unpleasant impressions are remembered better than the indifferent. A reason might be given that both the pleasant and unpleasant impressions arouse a definite attitude on the part of the organism, and are biologically important, whereas the indifferent impressions can be ignored. There are two sides to this attitude, so that it can be called a psychophysical attitude. On the physical side there is the arousal of certain instincts or impulses, or the combinations of these instincts or impulses into complexes. On the psychical side there are the emotions and complexes of emotions corresponding to the instincts and impulses. Added to this again are the feelings of pleasantness or unpleasantness. It must not be understood that the instinct and emotion are different or even running parallel, but they are one and the same fact looked at from a different point of view. It may also be said that

if any instinct is stopped or arrested in its expression the feeling of unpleasantness is apt to be aroused. Motor activity is curtailed. This may come about by the conflict of different instincts. Physiologically the matter can be resolved into the compounding of reflexes.

It might be well to say what is meant by attitude. As used here it means instinctive actions or impulses or the combination of such with their accompanying emotions. To all this is added feeling tone of pleasantness or unpleasantness in various degrees, and also the whole list of the so-called organic attitudes, which by their varied combination form a background and coloring for the whole mental life. To cover all this the term "psycho-physical attitude" is used.

The pleasant impressions are remembered better because the reactions which they arouse are in harmony with the welfare of the organism; that is, the attitude which is aroused has a tendency to be continued, and in many cases this may be only an incipient response. Unpleasant impressions are rejected for the opposite reason; that is, they arouse attitudes which do not have a tendency to be continued, except in abnormal cases. Looked at from the point of instinct, one can say that instincts which have a pleasant feeling tone have a tendency to propagate themselves, and the opposite is true of instincts which are accompanied by unpleasant feelings. Indifferent impressions are not remembered well because there is practically no attitude aroused either towards or away from.

However, there is another side to all this. In some cases unpleasant impressions may be remembered better. This may be due to the fact that the existing complex has an unpleasant feeling tone which is so strong that it decides which impressions shall be selected from those incoming. This is what happens in abnormal cases, and one can conceive that there is a pleasure in so doing. In short, the tone of the existing attitude or complex (for those who like that word better) is a deciding factor in what shall be remembered. Now this tone is to a large extent influenced by the various compounds of instincts which are aroused, that is, by compounds of reflexes, so that in the final analysis it is a matter of reaction whether we speak of attitude or instinct or complexes, or of emotions or of reflexes.

IV

As already stated, the period after the impressions are made is an important one. Some of the experiments to follow were performed with reference to this problem. Words were used as material and read to the subject as in the preceding experiments. After the list was read to the subject, one of several distractions was introduced before the signal was given for the reproduction of the words remembered.

The following table is submitted:

TABLE A

	a	b	c	d	e	f	g	h	i	j	MEAN	M. V.
8.	20	25	20	35	25	35	25	30	45	35	29.5	6.5
9.	20	25	15	20	15	30	10	35	60	30	26.0	9.8
10.	15	10	..	0	25	25	15	20	25	35	18.8	7.9
11.	20	15	..	20	30	25	25	..	15	40	23.7	5.7
12.	15	20	26	15	25	25	10	0	..	..	17.0	4.3
13.	0	..	..	..	15	30	15	25	..	30	19.1	5.1

A word of explanation concerning the table. The letters at the head represent the different subjects, and the numbers under each, the percentage of words remembered out of a list of twenty. The numerals to the extreme left refer to the various tests in order to be able to identify them throughout the investigation. The mean and the M. V. are self-explanatory. Except in the case of the shot, the interval after each list was one minute, filled as follows:

8. Passivity.
9. Attention directed towards recalling the words.
10. Disagreeable odor.
11. Sudden ringing of hidden bell.
12. Pistol shot.
13. Dizziness.

Ten subjects took part in this test. During the reading of the lists they were instructed to be passive and just sufficiently awake to take each individual word. Words making up the lists were not associated with one another.

It is at first noticeable that the ordinary sense stimuli have little effect, due to the fact that they do not arouse any strong attitude. The factor which seems to have played

the greatest part in this subsequent interval was some kind of concentrated mental activity, such as arithmetical calculation, etc. In nearly every case, the list of words was entirely forgotten. *That they disappear for good is another question to be considered later.* In many cases the pistol shot had an almost equal effect with the mental work, and for the same reason. It required an adjustment out of the ordinary, and hence the attitude was strong at first. Associations, etc., also play an important part in the feeling tone. However, it is not so uniform in its effects, and in many cases the effect grew less and less. Odors seemed to have little influence on most subjects, and those who were affected attributed it to some association or more commonly to the fact that there was something held near the face. Without this remark some of the numbers in the table would be misleading.

The most favorable condition seems to have been passivity, where the subject was instructed to be passive and let himself drift along. In plain figures attention does not seem to have been so good as passivity, but the difference is too small to be of great importance. It may be that the very fact of trying to recall the list during the one minute has something of the same effect as other mental work, and thus a new psycho-physical attitude is introduced. The fact that the passive state is a little better than attention seems to lend color to the view of some that a certain period after impressions are received is necessary for organization and assimilation. It may be that memory is better in one case than another because there are no conflicting attitudes. The longer the attitude aroused by the impression continues, the better the chance of memory for that impression, and of course the opposite holds true. If the attitude aroused at first is curtailed by the intervention of another or of others, then the first impression loses its hold, so to speak. This may also apply to abnormal cases.

The introspection is as follows:

"Effort of attention did not seem much of an aid."

"Odor seemed to interfere."

"Bell did not interfere."

"Not much effect from pistol shot."

"Dizziness seemed to drive some words away."

"Shot erased some words, nervous tonus over the whole body."

"Effort of attention seemed to retard memory."

"Bell did not bother much."

"Bell a little startling at first but soon lost its effect."

"Do not feel that attention is any aid."

"Odor attracted attention."

"Odor interfered with memory."

"I cannot see that attention was successful."

"Shot was complete interruption — felt as if my mental powers were out of commission."

"Bell was not much of a disturbance."

"Effect of attention was beneficial."

"Do not think that attention was beneficial."

In the experiment tabulated in Table A the distraction or shock was applied after the list was read, but in the following it was given about the middle of the list.

TABLE B

	a	b	c	d	e	f	g	h	MEAN	M. V.
15.	20	25	20	30	30	20	25	35	25.6	4.5
16.	10	20	10	25	40	20	25	10	20.0	7.5
17.	5	5	0	20	15	5	15	5	8.7	5.9
18.	5	20	10	..	20	..	5	..	12.0	6.4
19.	15	25	25	..	..	25	25	25	23.3	2.8
20.	15	..	..	20	20	25	15	25	20.0	3.3

This table is arranged on the same principle as Table A, so no further explanations are necessary. The conditions in each case were as follows:

List 15, Hidden bell rung in the middle of the list.

List 16, Shot in the middle of the list.

List 17, Puzzle *after* the list.

List 18, Exercise after the list.

List 19, Odor in the middle of the list.

List 20, Rotation during reading of the list.

In this test as in the preceding one the subjects were

passive. A few facts in connection with the above table and Table A are to be noted.

1. The shot, although not so destructive coming in the middle of the list as when coming after it, has more effect than the other distraction. Objectively from the table it is on a par with rotation, but in this latter instance there was in some cases a difficulty in hearing the words.

Coming in the middle of impressions the shot seemed to have different effects on different individuals, which are not shown in tables. With some, the words after the shot are lost, that is, in the latter part of the list, while with others it is the words in the earlier part of the list, or before the shot, that disappear. On the whole, however, it seems that not so many are lost as when the shot comes at the end; that is, it has a retrograde effect. This can be seen by comparing Table A with Table B. To some extent, it is true, in cases where the words after the shot have disappeared, that those before it are all the more firmly fixed, or, as one subject put it, they are "frozen stiff." In other instances, when the words before the shot were lost those coming after it were reinforced.

2. It will also be noticed that the solving of a puzzle at the end of a list is more destructive in its effects than the shot was in Table A. An average of 10 words was remembered after the puzzle and 16.6 after the shot.

3. It may be added that the sudden disturbances seem in many cases to drive the subject to the list, and in the majority the words which are retained are those which come after the distraction. On the whole it seems pretty evident that distractions coming in the middle of a list are not so destructive as if coming at the end. The greatest effect, then, is retroactive.

The introspection is as follows:

"Lost the words before the bell."

"Shot brings me back to the words."

"Bell disturbed what came later."

"Shot brought me back to the list."

"Shot was a great disturbance. Seemed to be an exhilaration."

"Bell disturbed what came after it."

"Lost some words immediately after the bell. Felt as if I came back to the list with a feeling that I had been away from it."

"Bell cut away the first part of the list."

"Effect seems to be on words preceding the shot."

"Bell broke up the first few words."

"No words remembered after the pistol shot."

V

So far the lists used were made up of detached or isolated words, that is, they were not associated with one another in any evident way. In the following experiment the list in each instance was made up of associated words, in some cases concrete, and in some cases abstract. The following is the table of results:

TABLE C

	a	b	c	f	h	i	MEAN	M. V.
21.	30	25	25	45	15	55	32.5	11.6
22.	35	25	35	30	25	55	34.1	7.5
23.	30	35	30	30	30	25	30.0	1.6
24.	20	20	25	30	25	30	25.0	3.3
25.	20	15	35	35	5	50	26.6	11.6
26.	10	20	15	30	0	15	18.0	7.6

The table below will show how the interval after the list was filled in each case, and also the character of the list.

21. Concrete associated list followed by one minute passivity.

22. Abstract associated list followed by one minute passivity.

23. Concrete associated list followed by one minute attention directed to recalling the words and holding them till the signal was given.

24. Abstract associated list with the same conditions as 23.

25. Concrete associated list followed by pistol shot.

26. Abstract associated list followed by pistol shot.

The most noticeable thing here is the effect of the shot on the concrete and abstract lists. Only in the case of one

The Effect of Psycho-physical Attitudes on Memory

subject are more abstract words remembered after the shot, and the subject was an inveterate Hegelian. In the instances of lists 25 and 26, where the list was followed by the pistol shot, an attempt was made to see if any words which had been lost by the effect of the shot could be recovered. This was successful on four subjects and the means employed as follows:

A metronome was set going, and the subject was instructed to give a word for each beat of the metronome and not to choose words, but give any that came up irrespective of whether they belonged to the list or not. This process was successful in the case of concrete words, and only very partially successful in the case of abstract words; in fact, no success at all. The facts may be tabulated as below. The numbers represent the per cent of the lost words which were recovered.

SUBJECT	ASSOCIATED	ASSOCIATED
	CONCRETE	ABSTRACT
a	18.7	16.6
b	17.6	0.0
c	15.3	0.0
f	<u>23.0</u>	<u>0.0</u>
Mean	14.9	3.3

This experiment of trying to recover lost words was tried on five subjects only, and the average computed on that basis. It is readily seen that the concrete associated words have the advantage, not only in ease of recovery, but also the fact that the shot was not so destructive on them in the first instance. A tentative explanation in keeping with the rest of the experiment might be, that the concrete words have more marked attitudes, that more instinctive and impulsive reactions are connected with them, and more feeling tone. This also agrees with Ribot's Law of Regression.

In Table A we saw the result of distractions coming after lists of words made up of detached words. In the experiment now to be described the effect of those distractions will be studied when coming *after* lists of associated words.

TABLE D

	a	b	c	d	f	g	h	i	MEAN	M.V.
27.	50	15	25	35	45	35	20	30	31.8	9.2
28.	25	30	30	45	45	30	35	35	34.3	5.6
29.	60	30	45	40	50	50	..	40	45.0	7.1
30.	20	10	..	15	50	20	5	30	21.4	10.4
31.	15	35	45	45	40	30	25	55	36.2	10.0
32.	..	40	20	..	45	40	..	25	34.0	9.2
33.	0	25	25	25	20	0	10	45	18.7	11.5
34.	0	5	0	5	10	0	0	10	3.7	3.7

The following schedule will show how the periods after the various lists were filled.

List. Filling of after period.

27. Immediate reproduction. No after period.
28. Passivity for one minute.
29. Attention for one minute.
30. Shot.
31. Bell.
32. Odor.
33. Followed by one minute arithmetical work.
34. Followed by one minute arithmetical work.

This series was made up of eight lists, the first seven of which were composed of associated words, and the last one of detached words. The same conditions, as to subject and experimenter, hold as in the previous experiments. The purpose of the first six lists was to test the influence of distractions on associated material, and in the case of the last two to see if the words which were lost could be recovered, and to ascertain the difference in this respect between associated and detached words. Eight subjects took part in the experiment. The following results may be noted.

(1) Of the sensory disturbances the shot is as before the greatest, but not so great as the mental work represented by the arithmetical calculation, as is shown by comparing list 33 with list 30.

(2) Spending the minute after the list in giving some attention towards getting back as many words as possible is more beneficial than passivity. This is directly opposed

26 *The Effect of Psycho-physical Attitudes on Memory*

to the results in the case of detached words as recorded in Table B. Reproduction of associated words is benefited by the direction of attention on their recall.

(3) The bell and the odor made very little difference, being practically on a par with the passive period.

(4) One of the most important things is the number of words recovered in lists 33 and 34. The former was made up of associated words, and the latter of detached words. These results can be tabulated as below.

SUBJECT	PER CENT OF WORDS RECOVERED	
	ASSOC. LIST	DETACHED LIST
a	35	0
b	6.6	0
d	13.3	0
f	12.3	0
g	35.0	0
h	5.5	0
i	9.0	0
Mean	15.2	0

This was tried on seven subjects, and a metronome was used as before, but the detail of the method was somewhat different. In the former experiment a stenographer took down the words as spoken by the subject in rhythm to the metronome, but in order to do this the metronome had to run at a comparatively slow speed, and it was found by trial that a slow speed was not so effective in bringing back lost words. Then, too, the articulation of the subjects speaking rapidly made it hard for any one to get all the words, and hence many were inevitably lost. In place of this the subject was instructed to write down words to the beat of the metronome, and not to make any selection in so doing. This was found to be a better method than that of selection. In all cases the subject first gave all the words remembered, before beginning the metronome test.

The fact that no words were recovered from the detached list is quite conclusive as the figures 15.2 to 0 show. Not even a chance word was recovered, neither in this experiment nor in the ones to follow, so that the recall of the associated words cannot be attributed to mere chance, and, in any case, the word "chance" should not be in the psychologist's

vocabulary any more than in the physicist's. One might explain it on the grounds that the associated material is grouped around one central attitude, or to look at it from another point of view it forms part of one complex so that when some members of the complex come up there is a tendency for the others to do likewise. They are already part of the mental equipment while the detached material is not, in fact organization might be defined as the grouping of material into complexes or becoming attached to some common or predominate attitude. The detached words are not remembered so well, not because they do not arouse attitudes, but because the attitudes which they do arouse are in many cases opposed, so that there is sort of a mutual inhibition. In a word, the associated material forms a complex bound together by a psychophysical attitude. This same principle applies to the question of pleasantness and unpleasantness.

The experiment next to be considered follows naturally from the preceding ones. In Table E (1) will be given the percentage of words reproduced immediately after the distraction and in Table E (2) the number of words recovered by the metronome method.

TABLE E (1)

	a	b	c	d	e	f	g	h	i	MEAN	M. V.
39.	15	25	20	10	15	25	5	0	50	18.3	10.3
40.	30	25	25	35	60	50	20	60	85	43.3	18.1
41.	0	5	15	15	0	5	15	0	15	7.7	6.4
42.	30	15	55	30	50	60	35	35	30	37.7	11.4

TABLE E (2)

	a	b	c	d	e	f	g	h	i	MEAN	M. V.
39.	0	0	0	0	0	6.6	0	0	0	0.73	1.3
40.	14.2	13.3	0	7.4	0	0	6.2	0	0	4.6	5.0
41.	0	0	0	0	0	0	0	0	0	0.0	0.0
42.	28.5	35.2	9.9	..	0	62.5	61.5	15.3	7.1	27.5	17.2

It will be seen from the tables that four lists were read. The first three of these were made up of detached words, and the last one of associated words. In all cases the attitude of the subjects was the same as in the former experiments, and the tables are on the same plan.

After list 39 the subject was told to remain passive for two minutes and then asked to translate some German. This lasted for one minute, and then the subject was asked for as many words as were remembered. The next thing was the metronome test, which gave a result of .73 or practically nil.

In list 40 the subject was told to remember the words, and the list was read four times. Then followed the German translating, and next the reproduction of words remembered, and finally the metronome test. Only a comparatively few words were recovered by the metronome method.

In list 41 there was no passive period, and the subject was given the German to translate as soon as the list was read. Here fewer words were remembered, and none were recovered by the metronome. It is interesting to compare this list with list 39, where there was a passive period after the reading of the list. In the former cases more words were remembered, that is, the distraction had less effect. It may be explained on the theory that the passive period after the list allows time for the arousal of certain attitudes, and thus helps to fix the words. The case of the learned list and the associated one can be explained on the same basis.

The last list in this series was made up of associated words, and was immediately followed by German translation, then the subject was asked for words remembered, and then the metronome test, which was quite successful, as in previous cases.

In addition to the above observation a few more general facts may be mentioned.

(1) In the case of detached impressions memory is better when there is a passive period after the reception of the impressions. This is in agreement with the previous experiments.

(2) In the case of the learned list more words are immediately remembered, but fewer are recovered.

(3) The number of words recovered by the metronome test is considerable, and bears out previous results in connection with associated material.

The influence of the passive period after impressions

was to some extent noticed in the last experiment and in some preceding. In the following test it is the aim to find out the influence of such a period on both detached and associated material so that they can be more exactly compared in that respect. In addition, the filling of the period after the reading of the list will be looked at from the point of view of attention. To do this the subject was to spend one minute trying to recall as many words as possible and to hold those already in mind.

The following is the table.

TABLE F

	a	b	c	d	e	f	g	h	j	k	MEAN	M. V.
47.	17.5	25	42.5	25	27.5	30	35	25	25	27.5	.....28.0	4.7
48.	20	7.5	32.5	22.5	25	30	25	30	22.5	37.5	.....25.2	5.7
49.	37.5	40.0	35	40	35	45	37.5	30	27.5	42.5	.....37.0	4.1
50.	47.5	40	32.5	45	57.5	55	47.5	32.5	32.5	50	.....44.0	7.7

The percentage of words credited to each subject is the average of two lists under each condition. The following facts may be noted.

(1) That in agreement with preceding work a passive period after detached impressions is superior to one of effort in trying to recall those impressions.

(2) That the opposite is true in the case of associated material.

(3) That the two foregoing facts are significant in relation to the recovery of words with the metronome, namely, that no words (one solitary instance excepted) were recovered in the detached lists, but only from lists which were made up of associated material.

In view of this, it may be said that a certain period is necessary following a series of impressions in order that they be the better fixed. This period gives time for initial attitudes to take place, and thus group the impressions into a complex. In the cases of the associated material this is unnecessary, for they are already grouped, and for this same reason less affected by distractions. We know also from pathological cases that the material last acquired is the first to be affected by disease, etc.

The experiment next to be considered has to do with the

effect of motor accompaniments as one of the conditions of memory. The method of procedure was as follows: The list of twenty words was read to the subject, who was instructed to be passive, and then as he recalled the words to make some movement for each word thought of. Sometimes it would be the lip and tongue movement or some movement of the arm for each word. After that the subject was given some mental arithmetic for the period of one minute. In this way, it was thought to find out the different fixating power of the various movements. The work was carried on for a period of two weeks, and the percentages for each week represent the mean of two lists under each condition, making four for two weeks under each condition. Further, during the second week the various conditions were placed in different positions in the series from what they were the first week. For example, during the first week the writing of words in the air came first in order of trial, but in the second week it came last. Ten subjects took part for the first week and eight the second.

TABLE G (1). FIRST WEEK

LIST CONDITION	MEAN	M. V.
77. Writing words in the air	20.7	5.1
80. Passive after reading of list	13.4	5.3
82. Movements of lips and tongue	12.7	4.7
84. Arm movements for each word	14.0	6.2

TABLE G (2). SECOND WEEK

LIST CONDITION	MEAN	M. V.
86. Arm movements	19.0	5.0
88. Movements of lips and tongue	16.5	8.5
90. Passivity	14.5	7.8
92. Writing words in the air	21.2	0.0

Combined results for the two weeks are as follows:

CONDITION	MEAN
Passivity after list, then arithmetic	13.9
Movements of lips and tongue, then arithmetic	14.6
Arm movements, then arithmetic	16.5
Writing words in air, then arithmetic	20.9

It will be seen that the condition conducive to the best fixation is that of writing in the air, second best is

arm movements, then articulatory movements and passivity, in descending order. There are some individual differences which are due to some unavoidable associations by one or two subjects. As throwing some more light on the results, the introspective judgments of the subjects as to the best method are interesting. These are tabulated as follows:

CONDITION	JUDGMENTS IN FAVOR OF
Writing in the air	10
Articulation	4
Arm movements	2
Passivity	2

Practically this bears out the objective results.

In general the results of this experiment are as follows:

The writing of the words in the air is better because such is an organized attitude while the others are not so customary, and hence detrimental to some extent. Articulation was too marked, that is, more expressive than is usual, hence attracted attention to the movement itself. In addition to this the incipient articulatory movements are combined with writing in the air, so that has a double advantage.

SUMMARY OF EXPERIMENTAL CONCLUSIONS

I. Pleasant impressions are remembered better than unpleasant, and both are remembered better than indifferent ones.

II. Not only are such impressions themselves remembered better, but they seem to exert the same influence on other material. Unpleasant impressions have the opposite effect, that is, they exert a repressing influence on other impressions.

III. Ideas are more affected by other similar mental material than by sensory disturbances, unless these latter arouse strong psycho-physical attitudes, e.g., the pistol shot.

IV. That such distractions, whether sensory or otherwise, have less effect on associated material than on detached. This is proved not only by the fact that more words

are remembered from an associated list after a distraction, but also by the important fact that practically no words are recovered from those lost in the case of associated material, whereas many of those lost from an associated list are recovered, seeming to show that the associated material is better organized. By this is meant the grouping of impressions around attitude.

V. This is further proved by the fact that if there is a passive period after a detached list before a distraction intervenes, the effect of the distraction is lessened.

VI. Even where there is an apparently complete loss of associated words they can be recovered to a great extent by the metronome method already described.

VII. This recovery method failed in the case of abstract associated words which are in this respect on a par with the concrete detached words.

VIII. The effect of attention in the case of associated material was an aid, but not so in the case of detached words.

IX. That motor accompaniments are an aid, provided they are not new or unusual, as then they act the same as another attitude intervening. If the words are grouped around some existing set of attitudes, better still if several motor activities are combined, as in the case of writing in the air, they are remembered better. This combination of motor activities is really a motor definition of attitudes which in turn is a compounding of reflexes.

X. Disturbances coming in the middle of the list are not so effective on memory as when coming at the end. In some individuals a distraction may even reinforce what went before, but in the majority of cases it effaced what went before and reinforced what came afterwards. The greatest effect of shocks on memory is retroactive.

REMARKS

It is not our purpose to go into the physiology of the brain processes which are at the basis of memory. That has been done elsewhere as well as the knowledge of such will allow. Leaving that aside, a few stray notes on some points may not be out of place.

From the experiments as they stand it would seem to be an evident conclusion that pleasant impressions are remembered better than unpleasant. Such a conclusion is to be taken with care. It may be that the unpleasant things are remembered, potentially just as well the pleasant, but their expression in the normal individual may be suppressed. They arouse attitudes or reactions which are just as intense as the pleasant and that is the reason why both classes are remembered better than the indifferent, which in all probability are completely dropped. The unpleasant impressions may have made connections with old attitudes, old states of consciousness in the larger sense. These old ones may be completely suppressed, and the new ones share the same fate. Abnormal cases show us that these old experiences, possibly long since absent from self-consciousness still play a part on incoming impressions. They still play it as psychophysical attitudes. This then is in all likelihood the explanation of the experiments dealing with pleasantness and unpleasantness. One subject who always made a good record with unpleasant words took this means, without knowing it, of course, of expressing in a dislocated way some of his personal feelings, which were usually well masked. Another subject always remembered unpleasant colors for the reason that some brown colors aroused an intense antipathy to the whole experiment, notwithstanding the fact that he was something of an artist. The reason has lately been found, by experimental methods as a continuance of this investigation, to have been a long forgotten experience of childhood¹—one that was vividly emotional. In a general way this holds true of the whole investigation.

It may be worth while to make a note in regard to the memory of concrete and abstract words, and the effect of distractions on them. Impressions which take a large part in the actual contact of the organism with its environment will arouse more attitudes, and they will be more habitual and ingrained than those impressions which do not perform such a function. They will have greater emotional value, greater feeling value, and will represent a greater number of instinctive or reflex reactions in one direction. Such are

¹Cf. JOURNAL OF ABNORMAL PSYCHOLOGY, April-May, 1912.

concrete words, hence they are better remembered, less disturbed by distractions, and even when apparently banished by some cause they are less liable to complete loss. To a large extent the opposite is true of abstract words. They serve the purpose of adjustment to environment, but more remotely.

It may also be stated that if a subject is in an unpleasant "frame of mind," as we say, that is, if the subjective psychophysical attitudes are of a certain kind, and if a certain incoming impression does not arouse a very strong attitude of its own, then it will take on the tone of the complex existing at that time. The converse is true of pleasant complexes. Impressions which harmonize with the existing attitude stand a good chance of being well remembered. Psychophysical attitudes then select from impressions those that are remembered by way of conscious reproduction. Inhibition or suppression, of course, may take place as already explained. The cause of any existing attitude may be said to lie in the response to some previous impression or impressions with a high emotional and feeling tone, and which were not allowed at the time adequate expression in the normal way. Distractions are also most effectual when they arouse intense psychophysical attitudes. When they are very intense, as in the case of accidents, then much is forgotten that happened before and after the accident. Our work shows the effect, on the whole, is to influence what preceded the accident.

When we come to associated and dissociated words the matter is not different. We have seen that if impressions arouse a strong psychophysical attitude they stand a good chance of being remembered. Some limitation must be put on that statement. If several impressions come in close sequence to one another, and, as is probable, they arouse quite different psycho-physical attitudes, then the various combinations of reflexes which give expression to these attitudes will be mutually inhibitory. In this way inhibition takes place, and thus many words in a dissociated list are lost. One psycho-physical attitude will cancel or partly cancel another. To this can also be added the effect of ideas already suppressed. In associated words only this

last feature is operative to banish them. The impressions are all centered around one central attitude and hence this mutual inhibition is absent. Not only are they centered around one central attitude, but around one which in most instances is well established.

Much is now written about mental complexes or constellated ideas. This constellating or complexing seems to be brought about by the actual or potential reactions of the organism. Physiologically, it may be said that ideas are grouped and unified by the compounding of reflexes, that back of emotions and feelings are well-defined and well-established reflex expressions. To include this and also to keep in sight the part which appears in consciousness, the term psychophysical attitude is convenient. These much ignored initial responses are the background and foundation of our whole mental life. To include all responses, then, to include consciousness and that small part called self-consciousness (by some this latter is wrongly called consciousness and the word is denied further extension), to include organic feelings (a poor term), also many reactions which never come to self-consciousness but which are undoubtedly the most important, and on which the stress is here laid—for all this we use the term psycho-physical attitude. Consciousness would be a much better word for the organism's total reactions, and then self-consciousness, attitude, reflex, etc., could be used to mark off the various ways of functioning.

BIBLIOGRAPHY

This does not pretend to be an exhaustive source of reference to memory treatises. It includes only those which have at least some remote bearing on the present investigation.

Arnold, Felix. "The Initial Tendency in Ideal Revival." *Amer. Journal of Psych.*, 1907, p. 239.

Angell, E. B. "Case of Double Consciousness. Amnesic Type with Fabrication of Memory." *Jour. of Abnormal Psych.* 1906, p. 155.

Alling, M. E. "Example of Association through a Forgotten Idea." *Psych. Rev.*, 1903.

Alexander, H. B. "Some Observations on Mental Imagery." *Psych. Rev.* 1904, pp. 319-338.

Bigham, J., and Münsterberg, H. "Memory." *Psych. Rev.*, I.

36 *The Effect of Psycho-physical Attitudes on Memory*

- Burnham, W. H.* "Memory, Historically and Experimentally Considered." *Amer. Jour. of Psych.*, 1888-1889, pp. 38, 225, 431, 568.
- Burnham, W. H.* "Retroactive Amnesia." *Amer. Jour. of Psych.*, 1903, pp. 118-132, 382-396.
- Bourdon, B. and Dide, M.* "Cas d'amnesie continue avec assymbolie tactile complique d'autres troubles." *L'Annee Psych.*, 1904.
- Bierliet, J. J. van.* "La Memoire." Paris, 1901
- Bergström, J.* "Memory." *Amer. Jour. of Psych.*, VI, 1893-1895.
- Bancels, Larguier des.* "Note sur les Variations de la Mémoire au cours de la Journée." *L'Année Psych.*, 1901, p. 204.
- Binet and Henri.* "Mémoire des Mots et des Phrases." *L'Année Psych.*, pp. 1-25.
- Coriat, I.* "Alcoholic Amnesia." *JOUR. OF ABNORMAL PSYCH.*, 1906. "Lowell Case of Amnesia." *JOUR. OF ABNORMAL PSYCH.*, 1907, pp. 93-111.
- Colegrove, F. W.* "Memory; An Inductive Study."
- Colegrove, F. W.* "Individual Memories." *Amer. Jour. of Psych.*, X.
- Ebbinghaus, H.* "Das Gedächtniss."
- Freud, S.* "Psychopathologie des Alltagslebens." Berlin, 1904.
- Freud, S.* "Der Traumdeutung."
- Gordon, K.* "Über das Gedächtniss für bestimmte affektive Eindrücke." *Arch. d. g. Psych.*, IV, 1904-1905, p. 58.
- Henderson, E. N.* "Study of Memory for Connected Trains of Thought." 1902.
- Jones, E. T.* "The Waning of Consciousness under Chloroform." *Psych. Rev.*, 1908.
- Jerusalem, W.* "Erinnern und Vergessen." Bericht über den II Kongres für Exper. Psych., s. 199.
- Kuhlman, F.* "Present Status of Memory Investigation." *Psych. Bull.*, 1908.
- Kirkpatrick, E. N.* "Experimental Study of Memory." *Psych. Rev.*, I.
- Lewy, W.* "Experimentelle Untersuchungen über das Gedächtniss." *Zeit. f. Psych.*, VIII, s. 231.
- Muller and Schumann.* "Experimentelle Beiträge zur Untersuchungen des Gedächtnisses." *Zeit. f. Psych. u. Physiol. d. Sinn.*, VI, ss. 81-101, 257-340.
- MacDougall, W.* "Unity of Mind." *Brit. Jour. of Psych.*, I., p. 317.
- Offner, Max.* "Das Gedächtniss." Berlin, 1909.
- Peillaube, E.* "L'Organisation de la Mémoire." *Rev. de Philos.*, 1907-1908.
- Ribot, T.* "Diseases of Memory." *Trans.*
- Reuther, F.* "Beiträge zur Gedächtnissforschung." *Philos. Studien*, 1905, I., pp. 4-101.
- Smith, W. G.* "Relation of Attention and Memory." *Mind. N. S.*, VI., p. 47.
- Smith, T. L.* "Muscular Memory." *Amer. Jour. of Psych.*, VII, 1896, p. 453.

APPENDIX

Example of Pleasant List:

Warm, income, perfect, amiable, delightful, hopeful, spring-time, kind, elegant,

divine, lovely, home, best, pleasant, gorgeous, truthful, good, rapture, healthy, golden.

Rich, dream, clever, joyful, rose, skill, laugh, lily, tidy, daisy, strong, flower, merry, gentle, honest, clumsy, cottage, sweet, sincere, polite.

Example of Unpleasant List:

Defeat, drear, dirty, shriek, drown, false, skull, cringing, scold, sigh, groan, whine, crape, woe, knife, vulgar, sullen, rude, choke.

Example of Indifferent List:

Request, ability, order, need, made, great, about, relish, suppose, cousin, answer, morning, child, earth, view, start, number, enough, bush, again.

Example of Associated List:

Field, trees, orchard, breeze, reaper, stream, river, meadow, clouds, mower, brook, forest, garden, road, cottage, woods, swamp, plain, hay, cut.

A CASE OF SYNESTHESIA

BY ISADOR H. CORIAT, M.D., BOSTON, MASS.

CASES of synesthesia are sufficiently rare to warrant the recording and analysis of any new observations. In the case which I wish to report, the various synesthesias encountered (colored hearing and thinking, taste synesthesia) while limited in their scope yet were quite intense. The subject was an intelligent woman, forty-one years of age, of a decided visual type. For a number of years she had suffered from a typical anxiety neurosis (without hysterical stigmata or limitation of the field of vision) which had recently been cured through psycho-analysis. After she had recovered from her psychoneurotic symptoms, she mentioned her synesthesias for the first time, whereupon a study of the condition was undertaken. The synesthesia antedated by years the development of the anxiety neurosis, in fact, it could be traced back to the earliest years of childhood. Physically the subject was in perfect condition. There was no psychopathic or neuropathic heredity and no similar synesthetic disorder existing in any member of the family. She does not remember the time when she did not have the colored hearing and thinking.

In this subject the synesthesia was rather rudimentary and limited in its scope, in that only one color, blue, in its various shades was distinctly suggested by sounds. The shade of the color varied according to the sounds or thought. She remembered that once, when very young, she was given a doll dressed in blue. She immediately named her "Lucy Blue," while to her sister's doll, which was dressed in red, she gave the name of "Lucy Red." Her sister could not seem to comprehend this linking of a color with a name. Pieces of colored glass delighted her, while a kaleidoscope always produced a feeling of great satisfaction. Red sunsets were depressing, to use the subject's expression, "they were so beautiful that they hurt."

Certain sounds were blue and the principal words associated with the colored hearing were as follows:

"Nellie" — pale blue, an unlimited sky blue (spatial sense).

"Lucy"—a clear sapphire.

"Bertha"—a deep Prussian blue.¹

Sometimes "Nellie" is described as "pale, soft blue, but very clear."

Further analysis demonstrated, that the predominating color of these three words was produced by the color of a combined vowel and consonant within the word. For instance, in "Lucy," the sound "loo" caused the color; in "Nellie," "el" produced the predominating color effect, while in "Bertha" the letters "er" colored the word. "L" alone without the vowel, or "R" alone, did not produce a blue sensation. It seemed, therefore, that the vowel sounds were the instigators of the synesthesia, although why the letter "E" produced a pale blue color in one case and a Prussian blue in the other, could not be determined. Strangely enough, the French words "Berthe," "Allemand" and "berceau," although containing the same vowel combinations, produce no color sensation, although "Berthe" appeared "higher" (to use the subject's description) than "Bertha." Unlike other reported cases, therefore, particularly the one studied by Marinesco, the synesthesia was limited to the phonetic combinations of one language, in this case, English.

Conversely, showing the subject a blue or red disc, such as those used for taking the field of vision, produced no association with a word or sound. Tests with a tuning fork and watch demonstrated hearing to be normal. A (long) is not colored, but sounds "cool." The long vowels suggested positions on a chromatic scale, rather than color, but these positions were not very clear to her. For instance:

\bar{a} = do.

\bar{e} = re.

\bar{i} = do (second octave).

The vowel sounds also produced other sensations, as follows:

\bar{a} = cool sound.

\bar{a} = no sound.

\bar{e} = high cool sound.

¹ The color here was identified by the subject the same as for the word "Karl" in Marinesco's series of color plates illustrating his case.

ē = no sound.

ī = very high cool sound.

ı = no sound

Long and short o and u, produced no sensation.

Numbers never produced colors in her, but she has always associated the cardinal numbers with a sort of visualized geometrical line arrangement, i.e.,— ascending up to ten, dropping to twenty and then gradually ascending again. The days of the week and the names of the months produced no colors. "Sunday," however, appeared "taller" than other days. All the other days of the week were of uniform height except "Saturday," which is "half as tall" as "Sunday." The seasons of the year were always peculiarly symbolized by a spiral spring, oval in shape, the ends indicating spring and autumn, the sides summer and winter. Music produced an intoxicating effect on her, but did not stimulate colors. Separate notes of the scale and the sounds of various musical instruments failed to produce colors.

Tests with the normal spectrum gave interesting results in emotional states produced by colors.

COLOR	EMOTIONAL STATES
Purple,	repulsive and depressive.
Blue,	not satisfied.
Green,	not satisfied.
Yellow,	flash of light.
Red,	nothing.

The word "Bertha" was localized in the blue-purple end of the spectrum. No color was strong enough for "Lucy" or light enough for "Nellie."

Both hearing the words and vowels and thinking of them, produced the same sensation of color, therefore, colored thinking was present in addition to colored hearing. An interesting gustatory synesthesia was also present, but not to the extent of a genuine colored gustation. A quotation from Ruskin has always appealed to her:—"We should love beautiful colors as a child loves good things to eat." Beautiful colors have always "tasted good" to her, while color discords were nauseating and produced the effect of a blow. She expressed the condition as follows: "If I like a

color, it leaves a delightful taste in my mouth, like the sensation when one thinks of beautiful food," or "when I put my mind intently on the colors, I taste them. I can taste blue." There was no olfactory synesthesia. Direct tests of smell and taste, proved the olfactory and gustatory sensations to be normal, but these tests did not stimulate my photisms. This taste synesthesia was less intense than the colored hearing or thinking.

An analysis of the synesthesia itself, particularly the colored hearing, gave some interesting results. The synesthesia had not varied since it was first noticed during the earliest years of childhood. It was purely a waking process and not due to unconscious associations of sounds with colors dating from the earliest years of life. This was shown by two facts, first, that in the subject's dreams, sounds have never been associated with colors, and second, because an analysis conducted in abstraction through means of free association procedures gave negative results. That the phenomenon was a cortical one, possibly physiological, is shown by the facts that neither positive nor negative after images could be produced with colors of the synesthesia, and secondly, the colors were always seen in the left half of each visual field, but not exteriorized. That genuine synesthetic hallucinations of color may be produced is shown in an observation by Lemaitre. The color was always definite, distinct and invariable, and the same sound or word was always associated with the same color. The color and sound occurred simultaneously, and instantly the sound seemed to "melt" (to use the subject's expression) into the color. A reversion of the process, thinking of the specific color, never produced the word or sound associated with that particular color. The vowels in the words designated, and not the consonants, were the instigators of the photism. Closing of the eyes did not increase the intensity of the images produced. The color was very luminous, would persist for some time after she had ceased hearing the word or thinking of it, and was not of definite shape or size, but rather like a "puddle," shading off a little at the edges.

To summarize briefly, we seem to be dealing with a limited but intense synesthesia occurring in a psycho-

neurotic subject, but antedating the psychoneurosis by a number of years. It was probably congenital in origin and had remained unchanged since childhood. There was no heredity of familial tendency. This is of interest, as in many recorded synesthesias, the hereditary tendency has been marked, for instance, in a case of Marinesco's and in one of familial colored hearing reported by Laiquel-Lavastine. Both colored hearing and thinking were present, in which variants of blue predominated. There was also a rudimentary gustatory synesthesia.

What is the cause and origin of this interesting phenomenon, this linking of sound with color, apparently contradictory to the law of the specific energy of the senses? Under normal conditions, any form of stimulation of the retina or optic nerve, would always produce a sensation of light or color, or the stimulation of a "cold point" in the skin by a needle or a hot wire, always causes a sensation of cold. The quality of the reaction is a constant one, in spite of the variations of the stimulus used. Whether this specific invariable character of a sensation resulting from different stimuli is of peripheral or central origin, whether localized in nervous end structures or central projection fields of the cortex is a point which has not been entirely cleared up. It is probable, however, that the specificity resides as much in the end organs as in the cortex itself. A synesthesia seems to be an irradiation of the specific reactions, a phenomenon which is well known in experimental physiology.

In any case the synesthesia appears to be a cortical phenomenon, partly because of the impossibility of producing negative or positive after images, and partly because the synesthesia was irreversible. This irreversibility of the phenomenon would also seem to prove that it was not an emotional state, but rather a physiological condition, due possibly to a physiological irradiation of impulses. The fact, too, that in my case, there were no unconscious linkings of colors with sound, and also that the photisms were instantaneous, and had not varied since they were first experienced in early childhood, would argue against the emotional explanation of the condition. This invariability of the color sensations in the synesthesia for years has also been

noted by Dresslar in a case which was observed over a long period of time.

It seems, therefore, that we are probably dealing with an incomplete, almost congenital, differentiation of the sense of vision and the sense of hearing or rather of the cortical projection fields corresponding to the peripheral auditory and visual neurones. On account of this incomplete differentiation, a stimulus (a word heard or thought), irradiates or is derailed to a cortical center which does not correspond physiologically to the peripheral neurone stimulated. That such an irradiation of nervous impulses does occur, has been demonstrated experimentally by Sherrington and can be explained on the basis of different conduction resistances offered by different fibers, probably an over-facility of conduction at different synapses. In the clinical manifestations of apraxia, likewise, this "derailing" and irradiation of peripheral impulses is frequently seen. Thus it seems, that the theory of nerve irradiation, arising from a congenital defect of the nervous system, in which the stimulation of one center passes over into another, varying with the individual and with the intensity of the provoked sensation, appears at present, the most satisfactory explanation of the various synesthesias.

BIBLIOGRAPHY

C. Marinesco. Contribution à l'Etude des Synesthesies, *Journal de Psychologie Normale et Pathologique*, IX, 5, 1912. (Contains colored plates of the synesthesias experienced in the subject.)

J. Downey. A Case of Colored Gustation, *American Journal Psychology*, October, 1911.

T. H. Raines. A Case of Psychochromesthesia, *Journal Abnormal Psychology*, October–November, 1909.

J. F. Harris. Colored Thinking, *Journal Abnormal Psychology*, June–July, 1908.

Th. Flourenoy. Des Phenomenes de Synopsie (Audition Coloree), 1893.

Henrie Laures. Les Synesthesies, 1908.

F. H. Dresslar. Are Chromaesthesias Variable? A Study of an individual case, *American Journal Psychology*, October, 1903.

Laiquel-Lavastine. Audition Coloree Familiale, *Rev. Neurol.*, December 15, 1901.

A. Lemaitre. Un cas d'Audition Coloree Hallucinatoire, *Arch de Psychol* Vol. III. 1904.

A PSYCHOANALYTIC STUDY OF A SEVERE CASE OF HYSTERIA

BY L. E. EMERSON, PH.D.

Psychologist, Massachusetts General Hospital; Examiner in Psychotherapy, Psychopathic Hospital, Boston

(Continued from p. 406, Vol. VII, No. 6)

IF the repression theories are true, the release of the repressed memories, which through repression become pathogenic nuclei, should result in recovery, if adequate opportunity is provided for sublimation. In the case partially reported in the previous paper, it was assumed that recovery would be complete when the patient succeeded in sublimating her energies. During the summer the patient remained relatively well. She began her work in the fall but did not long remain well. In November she had a recurrence of one of the old symptoms: nausea and reflex vomiting. This relapse might be due to one of two reasons: either the repression theories are not true and there were other causes of the symptoms, or there were other pathological repressions which had not been released. The second view was again assumed, and a search was begun for further psychopathogenic material. In view of the distressing difficulties necessarily attendant on this search one might well hesitate at putting the patient through such mental and emotional agony. Mere scientific curiosity hardly seems warrantable, but the seriousness of the symptoms was the warrant for the seriousness of the attempts made at removing them.

At the first interview, the patient told me her nausea had started a week before, just after dinner, at night. No adequate cause could be found. She said at the next interview that she was having a great many dreams of her mother. "It seems as if my mother were in my mind all the time; and yet I'm thinking of other things, too." Her mother is constantly coming back to her but she is as constantly putting her out of her mind. The next day she said, "I seem to be thinking of something but I cannot tell

what it is." She feels as though she would like to go and hide herself, as though she were ashamed of herself.

As before, she blamed it all on her father. She said he was very nice to her now, but he seemed to be doing it on purpose to "get around" her, in some way.

There is something troubling her. "It seems like something forgotten, or something I've put out of my mind and I'm bound not to think of. I say I try to think of it, and I don't try to, and I do try to. I simply can't put my mind where I want to put it. . . . I keep thinking all the time; and what I'm thinking about I don't know; but I know I'm thinking."

During the next three interviews the resistances developed were tremendous. The net result was a further suspicion against Dick.¹ At the next interview the patient related a dream in which she was trying to make a word from the alphabet. She thought the word was "Dick." She said she was certain Dick was in it. She ended the interview by saying, "I won't look. There is no God or He wouldn't let it happen. I don't know it and I won't know it."

At the next interview, the patient said, "My mind keeps going to the lounge, lying down and getting up. I was just thinking of it and something came over me that made me sick to my stomach." At last she said, "Dick did."

But it came as an unrelated fact. There was no connection in memory between this fact and anything else. The next day while trying to look she said plaintively, "If I could just see through that black space I'd know everything."

Finally she remembered Dick, her lover, had assaulted her in her own house. Some girl friends came in that night to supper. At supper she was nauseated by the sight of food and couldn't eat any. She said she and Dick had been eating candy all day. Her father and mother were away and Dick had spent the day at her house.

At the next interview, Monday, nothing more was remembered. But Tuesday she remembered that it was

¹Cf. first paper.

candy which had started the vomiting again this fall. The assault, too, took place a week or so before Thanksgiving. She remembered that she had been eating candy on the day of the assault and felt queer, not faint or dizzy exactly, and Dick had helped her to the couch. Wednesday and Thursday she remembered further details and Friday she remembered all.

Here, then, is a third level, a third psycho-sexual trauma, which acted like a pathogenic nucleus, under repression.

Now we can understand the meaning of the mixing of words, "neighbor," "Dick." The tramps in the woods, the neighbor, the lover, all had been the cause of psycho-sexual traumas. Her father and mother were mixed up in it through the fact that they had warned her strongly against Dick, her father going so far as to forbid her to have him at the house. Her mother's relation to the trauma was at least doubly determined, because besides warning her against Dick she had helped force her to repress the memory of the neighbor's assault. We can understand also why Dick was so persistent in her mind — why she dreamed of him as she did — why she was so relieved at his death, etc.

It is worthy of note that the complex deepest buried was chronologically the latest trauma, while what came relatively easily to the surface of consciousness was the oldest event temporally. The depth of burial is a function of the intensity of repression, not a matter of time, and the intensity of repression is a function of moral repulsion and loathing.

Again assuming that the past repressed memory, or psycho-pathogenic nucleus, had been found and released, the patient was discharged from the hospital, where she had stayed two days, and allowed to work. In ten days, however, she was back, the vomiting having begun again and persisted. One day, too, she had also had complete aphonia, lasting from 10 A.M. till late in the afternoon.

Still clinging to the theory of repression, another siege was begun to overcome what turned out to be the greatest resistance of all so far met. Of course the first suspicion turned again toward Dick. I questioned her. "Did

Dick do anything more?" "I never thought of it before till you mentioned it. . . . It seems as if my mind never thinks of anything except what I want it to think of." In the light of what was later learned the following description of her feelings is especially significant. She said that she felt numb, especially when she got up in the morning. As to her memory of the events already uncovered, the patient reports that everything goes unless she consciously holds it. When she relaxes, it goes right out of her mind. Then it comes back as a terrible shock. Everything goes black. She feels faint, dizzy, all power leaves her, she has to fight for strength. Then she thinks of what causes it, and Dick is remembered, followed by the others.

The same procedure was followed as before. The patient was told to look backward mentally and tell whatever she found. "I will not look at anything more," she declared and repeatedly brought forth all the reasons she had against looking, already fully reported. "My mind seems fixed on something. When you say a word my mind goes to that; or I can think of anything I want to; but all the time it is fixed on something else and won't go anywhere."

When I saw the patient next she had aphonia. She had lost her voice the day before about 2 p.m. It was an almost perfect aphonia. She could speak only in the faintest whisper. During the interview her voice cleared up for a few moments, but for a few moments only. She was lying down with her eyes closed, answering questions and telling me what she saw, speaking quite as plainly as usual. Suddenly she started. "What did you see?" I asked. She was unable to answer for her voice had left her again. In a whisper she said, "A cloud." Many times I urged, "What do you see now?" "I think of the room now and it goes into a black space." Her mind stayed in the "black space" and she had to leave finally without having regained her voice. The patient returned next day, able to speak all right, but wobbly on her legs. Her voice had returned early in the afternoon. Shortly afterwards, while lying down and in a sort of dreamlike state, she was startled and felt as though she had lost the use of all her body. She

did not dare to lie down again that day or night lest she lose the use of her legs as she had done last year. "My mind seems awfully tight, yet I know I'm thinking of something underneath." She described the action of her mind as "closing." It was like the action of a camera shutter; or like the action of the iris when a bright light is flashed before the eye.

The next day the patient said that everything she had remembered seemed more remote and unreal. Monday, however, she said that all day Sunday she was in a sort of dream. She had forgotten everything again. She even forgot an engagement she had with some girl friends to go to a concert in the afternoon. In the evening she was asked what train she was coming in to the hospital on in the morning. For a moment she was very much surprised for she had forgotten she was to come. Then she remembered she had to come in, but didn't know why. After awhile it came back to her that she had forgotten about what had happened to her at the neighbor's, in the woods, etc., but the whole thing did not come, except momentarily, till this morning, when she remembered what Dick had done to her. Urging her to tell me what she was thinking of, brought the response: "It is all I can do not to put it down in my limbs. When I go to look at it, it is all I can do not to push it right down in my body."

She almost lost the use of her legs, at this interview, but was finally able to go home promising to return Thursday. Thursday, however, during the interview, she suddenly became completely paraplegic and was again admitted to the hospital.

I was unable to see the patient for a week. When I did see her she was still paralyzed. She remembered and told me of one final distressing meeting with Dick, though it appeared to be of no especial significance.

Questioning her the next day she gave a start and then said everything went blank for a moment as though she were blind. I had her lie down. While lying very quietly she suddenly gave a violent start. She cried, "It seems as if I know, yet I can't say it." That night she dreamed she was trying to hide — sometimes herself,

sometimes a boy whom she was taking care of. Two days later she described a real attack of psychic blindness or hysterical amaurosis. She said she seemed blind, in a dream, the night before, and woke up actually blind, remaining so for a short time. She had another attack of blindness later, lasting about two minutes. Then she confessed that she had been having such attacks for nearly two weeks. She said she didn't tell of it hoping it would pass off. Twice, during our interview, the patient went suddenly blind, once for nine minutes, another time for three minutes. What caused it I could not determine then. The next day she was blind for half an hour during our interview and although she could see a little when she went back to the ward, her sight almost completely left her as soon as she returned and she was practically blind all the afternoon, her sight going completely before she went to sleep. She could see all right the next morning, however, and see all that day and the next, till about noon, when she was again blind, perhaps fifteen minutes.

At the next interview I got hold of a thread that led us into still deeper recesses of the patient's subconsciousness, where she kept her repressed complexes. On inquiry as to her dreams of the night before, the patient said she twice woke up crying, but could not tell what about. The nurse, however, said she called out her brother's name several times, in her sleep and cried out, too, "Why did you do it?" (Jan. 16. See fig. 1.)

Questioning her as to what that might mean, now brought out the following. I learned that her brother had been accustomed to coming to her bed, mostly in the morning, and getting in with her. Her mother made no objection to this practice, and it was kept up until she was eighteen or nineteen and her brother fourteen or fifteen. He would waken her by throwing pillows at her and then they would wrestle together. Sometimes he would throw her and sometimes she him. Then he would get in bed with her and they would sleep together. They would get very excited. This habit was gradually broken off because one morning a girl friend came before they were up. Her brother said, "Let me get out of this." When her friend

came up-stairs she asked her who was in her room, and when told it was her brother she said *she* never would let her brother come in her room. This brought the patient to a sort of self-consciousness and from that time she discouraged her brother's coming, though it was not absolutely stopped.

Now came a tough time for both analyst and patient. In German phrase the resistances developed were "enärp." A week's struggle, similar to those already reported resulted in the patient remembering that one morning, when she was about sixteen, her brother was in bed with her and something happened. She could not recollect it in detail or localize it better in time. During this week both temperature and pulse were erratic, but on the whole steadily rising.¹

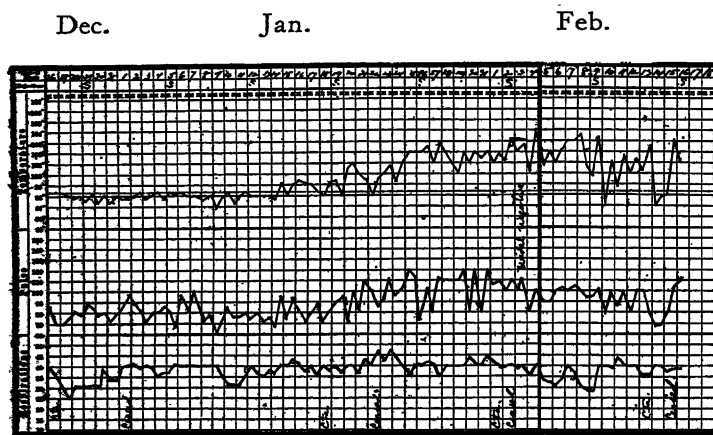


FIG. 1

January 25 the patient was kept in bed. February 3 a blood culture was made but proved negative. A Widal test was made at this time, too, which also proved negative. On the morning of February 10, the patient told me that she awakened the day before, which was

¹See chart. Fig. 1.

Sunday, feeling much relieved. Her temperature had dropped to 99°. At about noon she said something seemed to come over her mind and when they took her temperature again it was over 103°. But that night she dreamed she would not be afraid to know anything more there was to know and when she woke her head felt clear and did not ache. She felt there was more to see but was no longer afraid to look, though she did not want to. This morning her temperature had dropped to 97°. It went up at night, however, and for the next three days stayed supra-normal, then it went to sub-normal for a day, and the next day made the wide jump from 98° in the morning to 103° in the evening. After all possible tests were made it was decided that the fever was hysterical and the patient was allowed to go home. She was discharged February 16.

Let us now follow the mental perturbations of the patient during this month of fever. The night after the patient's revelations of her relations with her brother, the patient again called out in her sleep, her brother's name and added, "I shan't tell." At the interview next morning she said she had rather kill herself than know; certainly, she had rather be sick. During the interview at about 11.30 A.M., she went blind again, and did not regain her sight till about 3 P.M. The following night the nurse said she called out her brother's name, and said, "I won't, I can't, and you can't make me." This is perfectly intelligible from the point of view of her repressions and my urging her, against her resistances, to tell all. As was the case when she tried to remember what her lover had done, so now, whenever she tried to look and see if her brother had done any wrong to her, her mind closed, or snapped shut. At other times, she said something seemed to flash across her but what it was she couldn't see. Two nights following she called out her brother's name again and said, while still asleep, "Stop! Please do!" and then she added, "I know it's so, and I won't say so — Mamma, you know it, too. No, I won't, and I shan't do different. Oh, dear, dear, dear. Well, then in the morning, but I can't now, it makes me sick." But in the morning she could not tell any more. She said she had vomited some. She declared

she never would remember it, if it were her brother. "What do you think about it?" I asked, "I can't think, it's too big."

Two days later the patient said, "It seems as if the tightness of my head was going away. . . . It doesn't seem as if I were afraid to look now, but I don't see anything. . . . When I think of it my head goes tight and then it strikes my stomach. . . . It seems as if it is that . . . I'm thinking that must be it but I can't place it. . . . Something happened, but I don't know when . . . I know he did, but I don't know anything else about it." When I saw the patient the next day she told me that when she left me yesterday her head felt clear. She kept the awful thought in her mind. She ate her dinner all right and did not vomit. But about 4 p.m. her head got all tight again and her memory seemed to go. She tried to eat her supper but vomited it all up; as well as her breakfast this morning. As usual I had her lie down and close her eyes. She asserted, "I don't know it to place it. It seems as if I knew it and yet I don't. . . . It seems as if I couldn't look at it because I don't want to." I could get nothing further at this interview. The next day the patient said, "I know well enough it happened," and then she remembered that she was about sixteen years old. She said she had been awake most of the night, but had had a short dream. She dreamed she was home; she took some poison, died, and was with her mother, happy.

And so it went for the next two weeks, no definite advance apparently being made. February 4, however, the patient got a clear memory image of this fourth psychic trauma, but no further details. On this date, too, another symptom showed itself. The patient said she heard music. She had complained previously that music made her sick. When I questioned her she had said, "Oh! I hate music. . . . When I hear it, it makes me think of what I've been through." Further questioning brought forth the fact that her mother had a habit of playing hymn tunes in the morning before the patient got up. The patient asserted that she couldn't stand church music. For one who used to sing in a church choir this was certainly singular. She

claimed to have noticed this feeling first last summer, when with a friend, who noticed, too, that music made her feel faint. The next day the patient told me she had had three dreams. In one she dreamed she had been burying a lot of things in a deep hole. Just as she was about to bury the last I came along and asked her what she was doing. She would not tell, but I found out. In the second dream she dreamed "it" was not so. In the third dream she was walking at different ages with her brother. She still had auditory hallucinations of music. The next day she told me the night nurse said she had called out in her sleep her brother's name and then added, still apparently asleep, "I told just as little as I could, I won't tell any more." She had vomited badly before going to sleep and again in the morning and still heard music occasionally.

The next few days showed nothing gained. But Monday, February 10, when she woke, her head felt clear and did not ache. She felt there was more to know but she was no longer afraid. This morning her temperature dropped to 97°. The next week showed a slight general improvement. The patient vomited much less and, as was said before, the temperature being believed by the hospital authorities to be hysterical, she was discharged.

During the foregoing week, nothing further being learned, we had to assume that the patient was only gradually becoming reconciled, and that eventually she would not feel so badly over what she had learned about her past.

A week after being discharged the patient returned saying she still vomited. She was blind for about ten minutes the day before and had auditory hallucinations of hearing her mother call, as well as hearing music. When her mother calls she answers and gets up and goes to her before she realizes it is an imaginary voice she hears. Nothing was learned during the interview. That night I received a telephone message saying the patient had lost her voice. Two days later I received another telephone call saying the patient had had a convulsion. From the description it was clear she had had a "grande attaque" and lest she have another she was taken the next day to the hospital.

We may well pause a moment here and reflect. The return of a convulsion is certainly discouraging. Does it not prove that all these theories of repression are untrue, or at least inadequate, and psychoanalysis as a therapeutic process of no special value? Is it not what one might expect and should one not give up the whole thing as a bad job? Of course one might do just that, but taking heart from Freud's statement of the time necessary, in some cases, to effect a complete cure, I persisted, on the assumption that not all had even yet been revealed, and that there were still hidden submerged complexes to be released. Now began the next and last stage of the analysis.

During the second night at the hospital the patient again became paralyzed in both legs. She heard music and occasionally heard her mother calling her by name. Her left hand had closed once but she was able to open it herself. A few days later while interviewing the patient her brother was announced, and after recovering from the start this gave her, she found her left hand clenched and was unable to open it. She was obliged to go about in a wheel chair. During the first two days at the hospital the patient vomited badly, but with the onset of the paraplegia the vomiting stopped.

The next day, after her hand had contracted at the announcement of her brother, the patient told the following dream which is of significance in the light of the next revelation. She dreamed that some one kept opening her hand and picking bugs out of it. The analysis of this dream developed enormous resistances, which, on being overcome, revealed the fact that the patient had masturbated as a child. Even as the patient told this she opened her hand and there has been no return of this symptom. The paraplegia remained, however, and also the hallucinations of music and of her mother calling. The condition of the patient remained unchanged the next four days when she began to vomit again. During the next three days the vomiting somewhat increased and as it did so the patient began to move her legs a little. The next night at about six o'clock, the patient had a convulsion. She beat her head upon the floor, tore her hair out by the roots, and

fought off the doctors and nurses. It took six nurses and two doctors to hold her. She was put in a pack and after about half an hour calmed down.

When I saw the patient the next day she told me she had been in a sort of day-dream just before the convulsion. All of a sudden, she said, everything was clear and came right before her eyes. She knew all that she was trying to recall. It made her feel faint and sick; she couldn't seem to bear it; "something snapped" in her "brain" and she knew no more. The only thing she could remember of what she saw, was, that it was true that she had "played" with herself. She said her head was relieved, but she still had the same hallucinations. She could stand and walk, but was wobbly. The next day she began to vomit again. Two days later, during the analysis, the patient suddenly started up and said, "I know why I hear music. Mother was playing that morning" (i. e. the morning her brother and she were together). The next day the patient said she had heard no more music. When she thinks of it, though, she thinks of her brother.

The next day the patient said she had wakened in the night, saying, "I haven't lied." Then she remembered a dream in which it seemed she had lied, and she knew it and knew why. She then said she had thought a good many times that if she could only get out of it by lying she would lie. She said if she could only make it not so by saying it wasn't so, she would. Some of the significance of this is at once obvious.

The next day when I saw the patient, she informed me that she still vomited, but that she had heard her mother calling only once and that she no longer heard music at all. So things went on for a week. The nurse reported that while the patient still vomited, it had been steadily growing less for the last few days. She said she was bright and cheerful and in every way improved. During all this time of the last hospital care the patient's temperature had averaged about normal, only slight variations being noted.

During this week I had been seeing the patient every day as usual. One afternoon she said she felt better,

especially that morning, till about ten, when something flashed across her mind and made her vomit violently, and that noon she had vomited as badly as ever.

While the patient was lying down, and I was questioning her, she gave a sudden start, and in answer to my inquiry said, "It was that thought." The next moment she started again, still more violently, and sat up. After making considerable resistance she said, "It was brother, father, and everything."

Then it came out that when she was about six or seven years old her father had touched her, and after that she did it herself more than she remembered, and that she had been with her brother, "right along."

During the interview it developed that she had heard her mother once during the night and had heard music, but not during the day. The next afternoon the patient told me she had vomited a little at supper, but not at all that day, after either breakfast or dinner. She had had no hallucinations. The analysis only showed further details and did not reach a deeper level. The day after, however, brought forth the repressed complex. The patient said she had not slept all night. Questioning her finally brought out the fact that she had remembered, during the evening, that about two months before her death, her mother confessed to her that she had been sexually abused by her father and confessed further that she had made serious sexual mistakes herself, telling her in detail what they were. Before telling the patient this her mother made her promise never to tell anybody else. The knowledge stunned her. She left her mother without saying anything and walked and walked till night, when she returned and without saying anything to anybody, and without eating any supper, went to bed. The matter was never again referred to between mother and daughter, though her mother complained that her daughter seemed changed. Two months later her mother died. Since then the patient does not remember that she thought of her mother's confession till the night before she told me.

(To be Concluded.)

ABSTRACTS

SOME TYPES OF MULTIPLE PERSONALITY. *T. W. Mitchell, M.D. Proceedings of the Society for Psychical Research. Part LXVI. November, 1912.*

In this paper an attempt is made to distinguish two main types of multiple personality. The distinction is based upon the memory relations of the primary and secondary selves. In the first type two or more personalities appear in alternation and each is amnesic for the other. In the second type the secondary personality claims to have a continuous co-conscious existence during the whole time that the primary personality is in evidence, and shows complete knowledge of the primary personality's experience. The first type is referred to as the alternating type and the second as the co-conscious type. Of course co-conscious personalities are also, as a rule, alternating personalities, but they are not *merely* alternating personalities. They are also co-conscious. And the writer thinks that they form a separate class whose differentia is this very fact of co-conscious activity.

Instances of the alternating type may be arranged in a series according to the extent of the section of the self that becomes dissociated. The simplest forms are the hysterical somnambulisms described by Janet, in which a mental complex related to some episode whose emotional stress has led to dissociation, takes on independent functioning and for a time dominates the organism. In monoideic somnambulisms, conduct is solely determined by dissociated memories and is merely a reproduction of past experiences. But polyideic somnambulisms may be arranged in an ascending series in which conduct becomes more and more determined by the actual circumstances of the moment. In fugues the independence of the secondary state is often complete and they may be legitimately considered as examples of the development of a true secondary self.

The fugue is, however, dominated by a fixity of purpose which is wanting in more clearly marked states of double or multiple personality. The case of Ansel Bourne may be regarded as a transition form. In the first fortnight of his second state his conduct conformed to that of an ordinary fugue. In the remaining six weeks he settled down as a secondary personality.

In somnambulisms and fugue states the dissociated section of consciousness is relatively so small that its disappearance does not lead to any very noticeable change of character in the primary state;

but sometimes dissociation bears upon such a large section of consciousness that the curtailment of the self which its withdrawal entails may amount to a change of personality. Various forms of this are shown in such cases as Azam's Felida X., Janet's Marceline R., the Hanna case (Sidis), and the BI-BIV phase of the Beauchamp case (Prince). The main feature of this is that an original whole self becomes split up by the dissociation of a large section of it. The alteration of the self caused by such a secession amounts to a change of personality. The extent of the dissociated portion is so great that it also is capable of manifesting as a secondary personality. We thus get two curtailed selves which may alternate one with the other, and a hypothetical third self — the complete self — which will appear if a synthesis of these two portions can be obtained.

The co-conscious type of multiple personality finds its simplest expression in the two separate streams of thought which are found in certain hypnotic experiments. It is not claimed that the hypnotic consciousness ordinarily persists in waking life as a secondary self; but it is held that true secondary personalities, demonstrably co-conscious with the waking self, may be artificially produced or may develop spontaneously during hypnosis. Examples of this are to be found in such cases as Janet's Lucie and Madame B. (Léonie), the author's case of A. G. P., described on a later page, and in the Sally personality of the Beauchamp case. Co-conscious personalities occur usually, if not always, only in cases that have been subjected to hypnotic or other artificial procedures. They do not seem ever to have formed a part of the waking self, and no synthesis of them with the waking self is necessary in the interests of mental health. It may be that some nuclear complex, around which a co-conscious personality may grow, has been provided by dissociation, but the development of the secondary personality must be a purely subconscious process.

No explanation of multiple personality can be attempted until it is decided what holds consciousness together. There are two main views as to what constitutes the ground or basis of the unity of consciousness. One view is that this ground must be sought in the structural and functional continuity of the nervous system. The other main view is that we are forced to postulate some psychical subject or soul which alone can account for the fusion of the physical manifold of experience into one psychical unitary whole.

Alternating types of multiple personality may be accounted for on the former hypothesis by supposing that a neural dissociation occurs which splits the total mass of neurones subserving

consciousness into two or more functionally discontinuous groups. Co-conscious personalities are more difficult to explain on this hypothesis. The chief difficulty consists in providing for a duplicating of neural structures corresponding to the duplicating of the content of the mind which these personalities show.

Our second hypothesis alternating types may be explained by supposing that the soul interacts alternately with two or more functionally discontinuous systems of neurones. Or, we may suppose that when the split-off part functions as a secondary personality, a second psychic being or soul enters into relation with this portion of the nervous system while the original soul retains its relations with the other portion. This latter supposition may also be applied to the explanation of co-conscious personalities. It is the view adopted by Dr. McDougall, in his work *Body and Mind*, as affording the best explanation of such a personality as Sally Beauchamp.

The gradations that may be observed between the simpler forms of co-conscious activity and fully developed co-conscious personalities seem to render this view untenable. If we must postulate a soul as the necessary ground of the unity of normal consciousness, we must, it is true, postulate a soul as the ground of the unity of each of the consciousnesses met with in co-conscious personalities. But there is no reason why one and the same soul should not be the effective ground in each and all of the phases of consciousness occurring in one individual.

The unity of the personal consciousness may not have its true ground in the functional or structural continuity of the nervous system, but its manifestation as a unity is at least conditioned by such continuity. In multiple personality of the alternating type the division of the self may be due to a functional discontinuity of the neural systems through which the soul habitually manifests. But co-conscious personalities cannot be explained in this way. The knowledge of the primary personality by the secondary seems opposed to the view that these personalities are produced by a breach of the continuity of the systems of neurones subserving waking consciousness. The consciousness of co-conscious personalities is invariably wider and more inclusive than that of the waking person, and it cannot be correlated with the functioning of a split-off portion of the total neural substratum of consciousness.

The only way in which it seems possible to account for the discontinuity of consciousness shown in cases of co-conscious personalities is to suppose it due to alterations of the psychophysical threshold. The normal threshold has been determined in the course of evolution by its being that at which consciousness

is most useful for life. But the height of the threshold may vary under different circumstances. If it is considerably raised the activity of large systems of neurones ceases to have any conscious accompaniment of which the individual is aware, and the extent of the field of consciousness is proportionately curtailed. On the other hand, if the threshold is lowered we get an expansion of the normal consciousness. Neurone aggregates, whose activity is not intense enough to manifest in waking consciousness, become functionally continuous with the general mass of neurones now functioning at a lower threshold level.

It would seem that functional activity at the lower level may go on concomitantly with activity at the normal threshold and that each form of activity may be accompanied by consciousness. We may thus have two co-existing streams of consciousness manifesting as two distinct personalities through one bodily organism.

We may regard the unity of consciousness revealed on introspection as being conditioned by the spatial continuity of neural elements and by a psycho-physical threshold above which only is the functional activity of these elements effective in this respect. Multiple personalities of the alternating type are due to a structural or functional discontinuity or dissociation of neurones. Those of the co-conscious type are due to the existence of different threshold levels at which conscious processes may arise.

AUTHOR'S ABSTRACT.

A STUDY IN HYSTERIA AND MULTIPLE PERSONALITY WITH REPORT OF A CASE. *T. W. Mitchell, M.D. Proceedings of the Society for Psychological Research. Part LXVI. November, 1912.*

Amelia Geraldine P.— was twenty-nine years old at the onset of her illness in 1901. Up to that date she had enjoyed good health. There was no discoverable neurotic taint.

After a few days of general malaise her left hand suddenly began to be rhythmically extended at the wrist. This soon was combined with supination of the hand. Then the elbow joint was included in the movements, and next day the whole of the left arm was affected. The movements ceased during sleep. A day or two afterwards, while the left arm was still jerking vigorously, the left leg became affected in a similar manner, the movements beginning with inversion of the foot and gradually implicating the whole of the leg. Next the right leg was included in the movements and finally the right arm. Then the movements of the left arm began to abate and this was followed by a gradual cessation of the movements of all the limbs. The order of recovery was the

same as the order of onset. During all this period the temperature ranged between 99° and 101° F. After the movements had practically ceased there was found to be right hemianaesthesia, marked concentric reduction of both visual fields, paresis of all the limbs, and almost total inability to walk. There was also a peculiar affection of the function of language in which speech, reading, and writing were all implicated. The speech defect was characterized by lalling upon many consonants. The most constant substitution was the use of the sounds *y* and *s* for other letters. She could not read at all. She could still write, but her writing reproduced all the peculiarities of her speech. For many months she was almost totally word-blind. She could read by kinaesthetic impressions all written letters except *k*, *l*, *p*, and *r*. Prolonged efforts at re-education were of no avail and were given up, but in the course of time all the speech defects gradually disappeared. At the end of eighteen months she was practically well in every respect, with the exception of right hemianalgesia, which persisted for nearly six years.

At the end of 1904 she again became ill. There was general malaise with febrile temperature as before, but the movements took the form of choreic spasms of the face and tongue. She became deaf and her speech was affected as before. Her condition remained more or less unaltered for many weeks. Some symptoms passed off and new ones took their place. She had paralysis of the right leg which passed off suddenly. She said she heard a voice within her say "you can walk." She immediately got out of bed and walked without difficulty. She became totally word-blind and letter-blind. She seemed to lose all knowledge of written and printed words and could not remember that she had ever known anything about them. At the end of a year all these disabilities had disappeared.

In November, 1908, she had a third attack. On this occasion she complained of much pain in the head and said she constantly heard voices telling her to run away from home or to throw herself into the water. For the first time in this case suggestion was tried, and the obsessional thoughts disappeared; only to give way, however, to all the old physical symptoms. Tremor, paralysis, lalling speech, word-blindness and agraphia succeeded each other in spite of suggestions during hypnosis. Some symptoms which *she asked* to have relieved were immediately got rid of by suggestion, although it seemed to have no effect on the more disabling symptoms such as the tremor, the paralysis and the defects of speech. An endeavor was therefore made to get her to ask definitely that these conditions should be cured. This plan was

ultimately successful in regard to all the more important disabilities, but a considerable amount of resistance of an unusual kind was encountered.

In the course of treatment it seemed to become more and more apparent that there was a wilful rejection of certain therapeutic suggestions, and an exercise of choice and discrimination as to what suggestions were to be allowed to be effective. This rejection appeared to be the deliberate act of a second personality brought to light by the induction of hypnosis.

The first evidence of a secondary personality was shown soon after the beginning of the illness of 1908. She often talked in her sleep to her sisters, and when awake had no knowledge of having done so. She also frequently dropped into this second state in the daytime and said things she would not have said in the waking state. Her sisters said they never had any doubt as to which state she was in. In the second state her voice was different, her manner of speaking was more vivacious, and she was more determined and assertive.

In hypnosis she had knowledge of all she said and did in these spontaneously occurring states, and it was proposed to her, in hypnosis, to speak of her in the hypnotic state as Amelia and in the waking state as Milly — the name ordinarily used by her friends. From the day that this proposal was made Amelia rapidly developed independence and initiative. She wrote letters in which she referred to Milly as "she" and generally adopted the style of an orthodox secondary personality.

Amelia claimed to be the cause of many of Milly's troubles. She said: "I made her hands shake and her legs as well, and I scratched her and made all those nasty places on her hands and legs, and made her fingers close down and her thumbs, so that she could not move them. . . . I made her fall down-stairs and hurt herself."

Amelia could be hypnotized, and several phases of consciousness which assumed other names were obtained, but these appeared to be much more artificial products than Amelia. Their only distinguishing feature of any importance was the increased range of memory which they showed. They arose during a process of psychoanalysis conducted on the lines of Freud's early technic.

A psychoanalysis was undertaken because complete restoration to health could not be obtained by suggestion alone. All the most disabling symptoms had disappeared, but when the hemianalgesia was got rid of by suggestion, phobias, obsessions, and great mental distress supervened. On the hemianalgesia being brought back by suggestion the mental symptoms disappeared.

Psychoanalysis disclosed a long history of sexual traumata dating from childhood. Concurrently with the revelation of the emotional shocks which had led to disintegration of personality Milly's health recovered; but it must be added that all through the later period of treatment, as at the beginning, suggestion was employed. In the end there was complete recovery, which has lasted up to the present time.

According to Freud the pathogenic psychic material which has been crowded out of consciousness in hysteria may be shown still to exist in an orderly form, and Freud says, "One receives a delusive impression of a superior intelligence, external to the patient's consciousness, which systematically holds a large psychic material for definite purposes . . . the semblance of a second personality is often most delusively produced." This case seems to afford some grounds for demurring to Freud's view that this semblance is necessarily delusive. The induction of hypnosis seemed to bring to light a series of personalities who held in their possession a vast amount of psychic material of which the waking consciousness had lost all knowledge, and of a kind which on Freud's own showing must be regarded as hysterogenic.

AUTHOR'S ABSTRACT.

SULLA NATURA DELL'ISTERISMO. *A. Morselli. Rivista Sperimentale di Freniatria.* Vol. xxxiii, No. 1.

A review of the various theories concerning the origin and nature of hysteria led the author to a tabulation in nine chief subdivisions of over fifty hypotheses which have held sway at one time or another, and are still in vogue with certain investigators. In contrast with the multiplicity of theories we are impressed by the paucity of information relating to the underlying essence of this condition. The various theories herein exposed and criticized are concerned almost entirely with the hysterical stigmata and manifestations while the primary constitutional background is analyzed but inadequately. The hysterical traits, signs and symptoms have been fully described, but the hysterical personality remains a problem.

Most modern theories agree that hysteria is a psychosis; for a physical substratum it is usually related to disorders of the pallium and of the basilar nuclei. Another point on which there seems to be a fairly general agreement is the matter of the determination of the fundamental disorder responsible for the

greater part of the hysterical phenomena. Most hypotheses are concerned with disturbances in the reflexes, cortical, transcortical, and subcortical (Raymond). Particular stress is laid on paradoxical psychic reactions by Tanzi, on hyperactivity by Crocq, on dysrhythmia by Organski and Joire, on so-called polygonal activity by Grasset and "short circuit activity" by Jelgersma. Among the Italian investigators, Tonnini, Ferrari and others, the prevalent conceptions are of a suspension, hyperactivity or functional perversion of one or several cerebral centers, while Janet's school postulates the theory of a dissociation of personality.

Because of the lack of control over certain psychic reflexes, particularly of an inhibitory nature, which characterizes the hysterical personality, hysteria is looked upon by the author as a form of degeneration, an encumbrance both biologically and from the standpoint of social efficiency. The true hysterical personality, he holds, manifests itself in the *grande hystérie* of Charcot. In lesser degree hysterical states are usually symptomatic of other psychopathic characters. A true definition of hysteria would have to consider this distinction. Perhaps in the future hysterical syndromata will not be included in the category dealing with the hysterical personality. The designation hysteria should be restricted to the latter.

J. S. VAN TESLAAR.

REVIEWS

IMAGO. ZEITSCHRIFT FÜR ANWENDUNG DER PSYCHO-ANALYSE AUF DIE GEISTESWISSENSCHAFTEN. *Herausgegeben von Prof. Dr. Sigm. Freud. Redigiert von Dr. Otto Rank und Dr. Hanns Sachs. I Jahrgang. 1912. (Heller. Vienna.)*

This new periodical, the sixth psychoanalytic one to be established, differs from the others in being entirely devoted to non-medical topics, bearing thus rather the same relation to the *Schriften* series that the *Zeitschrift für Psychoanalyse* does to the *Jahrbuch*. As its sub-title indicates, it is concerned with the application of psychoanalytic researches and conclusions to the various mental sciences, particularly to pedagogy, religious psychology, mythology, folk-lore, criminology, jurisprudence, theory of morality, aesthetics, philology, and the genesis of art and literature. Those who are familiar with the number of works that have already appeared in these fields will appreciate how urgently necessary was the founding of a journal such as this, and will know that the frequent cry of "a superfluous new journal" certainly cannot be raised in regard to the present one. The impetus that psychoanalytic investigations have already given to each one of these allied sciences is truly extraordinary, in spite of the fact that the attempts to apply the psychoanalytic point of view to them have necessarily been up to the present rather tentative, and are evidently the forerunners of more extensive ones.

From the list of some twenty-five original articles that the first volume contains, the following may be selected for a word of mention; it is intended to review some of them in detail at a later opportunity. Rank and Sachs give an introductory article describing the development and aims of psychoanalysis, and have succeeded in presenting such a neat synthesis as will be of value not only to the novice but also to those already familiar with the subject. Freud contributes a series of papers entitled "On some Resemblances in the Mental Life of the Savage and the Neurotic"; three have appeared in the first volume, and the series will be continued in the forthcoming one. They are remarkable from at least three points of view. In the first place they constitute a beginning of a series of works that Professor Freud intends to write on the psychology of religion, and he has begun here with some of the most primitive forms of this, such as totemism, taboo, animism, etc. Secondly, they furnish a study of the astounding parallel between the development of the individual and that of the race in a

way much closer than has ever previously been possible, and in the third place they contain a number of new points regarding the nature of the neuroses, the obsessional neurosis in particular, and the significance of these from the point of view of human development in general. Professor Putman expounds at length his ideas on the relation of philosophy to psycho-analysis, a paper delivered at the Weimar Congress, and which gives rise to a discussion between him and Ferenczi in a later number of the journal. Abraham gives an analysis of one of the early Egyptian kings (Amenhotep IV), with a study of the monotheistic Aton cult. Sachs has an interesting essay on the feeling for nature, discussing the history of this in civilized peoples and the psychological meaning of it. Rank gives an analysis of the Griselda story, and of other ones showing the Father-Daughter complex. Pfister writes on the application of psychoanalysis in pedagogy and in the work of the clergyman. Sperber has an important essay on "The Sexual Origin of Speech." Maeder gives some interesting psychoanalytic impressions of a travel in England, which in the reviewer's opinion are much more descriptive of America. Robitsek has a contribution on "Symbolic Thinking in Chemical Research." Ernest Jones gives a lengthy study of the symbolic significance of the idea of salt in folk-lore, which is a contribution to the psychology of superstition and incidentally to that of baptism.

This incomplete list should give some impression of the diversity of the topics covered by the new periodical, and a perusal of its contents enables one to say that if the standard of the first volume is maintained it will represent a valuable accession to psychological literature. A word may be said in conclusion on the relation of this work to medicine. It is becoming more and more evident that it is impossible for the student of abnormal mental phenomena to confine his interest to disease processes, for the neuroses which he studies are, strictly speaking, not so much diseases as merely one variety of the many ways in which the individual may react to a given psychical situation; the relation between a psycho neurosis and a set of myths is very much closer than the relation between it and typhoid fever. For this reason a psychopathologist who excludes from his interest the study of allied products of the imagination, such as is here attempted, is seriously handicapping himself in his own work, and can never arrive at a general appreciation of the significance of "abnormal" mental phenomena. The investigations collected in *Imago* are thus just as important for the psychopathologist as for the non-medical psychologist.

ERNEST JONES.

THE KALLIKAK FAMILY: A STUDY IN THE HEREDITY OF FEEBLEMINDEDNESS. *Henry Herbert Goddard, Ph.D.* Macmillan Company, 1912.

Dr. Goddard's work is on popular lines, but gives an earnest of what may be expected from the more scientific study of 300 families (65 per cent showing heredity of feeble-mindedness) promised in the preface. Serious discussion of Mendelian and similar scientific problems is also postponed to the larger work in preparation. The reviewer must be content to remark that the work does just what it sets out to do — it stirs the imagination of a group of readers bound to be large in our most social of centuries.

The story is of one Martin Kallikak, whose bad ("Kak") side is represented in 1146 charted descendants from an illicit union and whose good ("Kal") side is represented in 496 charted descendants from a marriage contracted after wild oats had been sown. Of the 1146 on the *Kak* side, 262 were feeble-minded, 197 normal, 581 undetermined. Of the 496 on the *Kal* side, all were normal except two addicted to liquor and one sexually immoral.

Fourteen pages of charts illustrate these facts in the simple style made familiar by previous publications of Goddard, Davenport, and associated workers. There are fourteen illustrations from photographs of Deborah, the moron great-great-granddaughter of Martin Kallikak Sr., of various other members of the family, and of their hovel homes.

The work recalls Dugdale's *Jukes* and Winship's *Edwards*, and supplements Winship's endeavor to contrast those two celebrated families. Goddard rightly says that the euthenist or environmentalist will hardly be persuaded that Old Max and Jonathan Edwards could not have been exchanged with as many Jukeses and Edwardses as ever, all the product of environment. The Kallikaks, Goddard thinks, ought to convince the euthenist at last.

Incidentally, Goddard makes the following observations, which are somewhat injured by removal from their setting:

"There is every reason to conclude that criminals are made and not born. The best material out of which to make criminals . . . is feeble-mindedness" (p. 54).

Morons "divide according to temperament into two groups" — the phlegmatic, sluggish and indolent, and the nervous, excitable, and irritable (these latter "become the criminal type") (p. 55).

"One hundred admissions to the Rahway Reformatory show 26 per cent feeble-minded." "One hundred Juvenile Court children in Newark show 67 per cent feeble-minded" (p. 57).

"It may be surmised that the Jukes family were feeble-minded." "Lombroso's famous criminal types may have been types of feeble-mindedness in which criminality was grafted by the circumstances of their environment" (p. 59).

"No amount of work in the slums or removing the slums from our cities will ever be successful until we take care of those who make the slums what they are. If all of the slum districts of our cities were removed to-morrow and model tenements built in their places, we would still have slums in a week's time" (p. 71).

Goddard regards sterilization as a makeshift, and segregation through colonization as the ideal and perfectly satisfactory method for coping with these conditions.

E. E. SOUTHARD.

DAS INZEST-MOTIV IN DICHTUNG UND SAGE. GRUNDZÜGE EINER PSYCHOLOGIE DES DICHTERISCHEN SCHAFFENS. Von Otto Rank. (Deuticke, Wien, 1912.)

It is really impossible to review a work of this magnitude and novelty without at the same time writing a monograph; we must therefore content ourselves here with simply a brief notice of it. The author begins with an introduction on the source and nature of poetic creation in general, and then proceeds to a detailed study, to the length of nearly seven hundred pages, of the part played by the motive of incest in this sphere, and particularly in drama. The range of the topic can perhaps be estimated by the fact that not a single poet or dramatist of the first rank has omitted to avail himself of this theme, which has inspired some of the greatest masterpieces of literature. A perfectly incredible amount of material has been gathered together in these pages, extending from the myths of savage peoples to modern Spanish novels, from the drama of the Greeks to that of Ibsen. The value of this colossal undertaking is greatly enhanced by, on the one hand, the author's artistic skill in presentation, ordering and classification, and, on the other, by the constant flow of original thoughts with which he has fertilized the material collected.

We can only say that the work easily takes rank alongside of Jung's *Association Studies and Psychology of Dementia Præcox*, as belonging to the most original and profound of the investigations that have been inspired by Freud; next to Freud's own writings it is perhaps the leading classic of psycho-analytic literature, and no one interested in psycho-analysis, from what ever point of view, can dispense with a close study of it. It finally settles,

amongst other things, the question of the importance of incestuous phantasies; in future any one who denies the enormous part that these have played, and still play, in the human mind, is convicted, not merely of prejudice, but of ordinary ignorance.

ERNEST JONES.

PAIN: ITS CAUSATION AND DIAGNOSTIC SIGNIFICANCE IN INTERNAL DISEASES. *Dr. Rudolph Schmidt*, Vienna. Translated and edited from the second enlarged and revised German edition by *Karl M. Vogel, M.D.*, Columbia University, New York and *Hans Zinsser, A.M., M.D.*, Leland Stanford, Jr., University. Second Edition. J. B. Lippincott Company, Philadelphia, 1911. Pp. 358, 18 illustrations.

Although planned and written on a purely clinical basis, and wholly a practical manual for diagnostic use, this book provides the "abnormal psychologist," so to say, with much that is valuable as scientific data. One misses an introductory orienting chapter or two on the physio-psychology of pain, for an able and up-to-date discussion of this sort would make the work a "classic" (whatever that may be) not only for the clinician (too busy sometimes to care whether pain be a "special" or a "general" sensation), but also for the physiologist, glad to have such ample material to sift and to discuss. It is obvious that so-called functional, as well as organic, derangements of the affective aspect of the brain stem get illumination from such material, however misleading such a discrimination may be when applied to conditions of the nervous system, inherently kinetic organism as it is. Schmidt's view-point is clear from his remarks about the "psychical modifying factor of pains: excitement, diversion of attention, suggestion either in the waking condition or under hypnosis. It is evident that painful sensations, that have what may be termed a psychical origin and from this center are projected to some one zone of the periphery, such as some of the pains of hysteria, are particularly susceptible to psychical modification. The same thing is true of pains which are peripheral and organic in origin, but which are brought prominently into the foreground only as the result of abnormal irritability of the central receptive organs." This bald and traditional contrast between pains with a "psychical" origin and those that are "organic" in their causation is a relic of a less informed time and should be abandoned if the practitioner of medicine is ever to truly understand the unitary nature of the human patient; no legendary hypothesis could mean less. What we need is a broad and complete treatise on pain, in both its theoretic and its clinical aspects,

which ignores this outworn Cartesianism and discusses pain as pure experience in the light of all known factors of pathology. Such a treatise would reveal much less of the pseudo-contrast between "organic" and "psychical" pains than the average surgeon deems it necessary to suppose, and it would relieve neurology of the present implied division of all pains into those that are "organic" and those that are neuralgic — for that is what the present classification amounts to. But we must not blame the present excellent work for the faults of its class — Schmidt but follows the tradition and he follows it well.

The chapter-headings, ten in number, show the scope of the book: "The sensation of pain (topography, time, intensity, simulation and exaggeration, quality, modifying factors, psychical and mechanical); the functional modification of pain (position, motion, pressure, food, drugs and chemicals, organic function); topography in its relation to pain; quality and time of occurrence; the nervous system (neuralgias); organs of motion; digestive system (one-third of the book); urinary system and spleen; respiratory and circulatory systems; and cutaneous tenderness in visceral disease." The last pages of the volume are devoted to setting forth a schedule of the greatly important work of Henry Head of London on referred pain; these diagrams are always of much practical importance. The book has an inadequate index but one that is a great deal better than none.

One misses data on the pains of the ovaries and uterus, for these certainly have prime importance at one time or another in the majority of women patients at every age after puberty; — this omission is another relic of tradition perhaps, or, more likely, of over-specialization on the part of the author's interests. A correlation of pains and other sensations arising from the reproductive organs with the results of psychoanalysis along Freudian lines (see Brill) might prove to be of much interest to many — a good opportunity for useful research!

Schmidt's work, in combination with the labors of the translators, exceedingly well done, has given us a book of great use to the busy diagnostician, medical surgical neurological or psychiatric.

Tufts Medical and Dental Schools. GEORGE V. N. DEARBORN.

NOTES

The New York Neurological Society announces the election of the following officers for the year 1913:—President, Dr. Smith Ely Jelliffe; First Vice-President, Dr. E. G. Zabriskie; Second Vice-President, Dr. E. W. Scripture; Corresponding Secretary, Dr. J. Ramsay Hunt; Recording Secretary, Dr. C. E. Atwood; Councillors, Drs. Dana, Starr, Sachs, Fraenkel, Kennedy.

The fourth annual meeting of the American Psychopathological Association will be held in Washington, D. C. on May 8, 1913.

The following were elected as officers of the New York Psychoanalytic Society for the year 1913:—President, Dr. H. W. Frink; Vice-President, Dr. B. Onuf; Secretary, Dr. A. A. Brill.

It is interesting to note that one of the reporters on Psychoanalysis in the psychiatric section of the Seventeenth International Congress of Medicine (London, August 6–12, 1913) is to be Pierre Janet.

The Third International Congress of Neurology and Psychiatry is to be held at Gand, from August 20 to 26, 1913. The program as announced is as follows:—

Prof. Marinesco (Bucharest): The colloidal structure of the nerve cells and their variations in normal and pathological conditions. *Prof. D'Abundo (Catane)*: The function of the lenticular nucleus. *D. Mendelssohn (Paris)*: The diagnostic and prognostic value of the reflexes. *Prof. Dustin (Bruselles)*: The mechanism of regeneration in the central nervous system. *Drs. Laruelle et Deroitte (Bruselles)*: Early diagnosis and localization of intracranial tumors. *Profs. Von Wagner and Pilcz (Vienna)*: The treatment of general paralysis. *Drs. Serieux et Lucien Libert (Paris)*: The acute psychoses. *Dr. Smith Ely Jelliffe (New York)*: The growth and development of the psychoanalytic movement in the United States. *Dr. Parhon (Bucharest)*: The glands of internal secretion in their relation to physiology and mental pathology. *Dr. Sollier (Paris)*: Regressive states of the personality. *Dr. Ed. Willems (Bruselles)*: Pathological Anatomy of senile psychoses. *Drs. A. Ley et Menzerath (Bruselles)*: The psychology of testimony in normal individuals and in the insane.

Prof. Ferrari (Bologna): The colonization of abnormal children and young criminals. *Dr. Van Deventer (Amsterdam)*: Inspection and organization of the insane outside of asylums. *Drs. Claus (Anvers) and Meeus (Gheel)*: Patronage of the insane. *Dr. Decroly (Bruselles)*: Mental examinations of abnormal individuals.

The sixty-ninth annual meeting of the American Medico-Psychological Association is to be held at Niagara Falls from June 10 to 13 inclusive 1913.

A new *Journal of Psychoanalysis*. As a result of the editorial difficulties involving the *Zentralblatt für Psychoanalyse*, Dr. Freud and some of his collaborators have severed their connection with this journal, and have founded a new bimonthly publication, the *Internationale Zeitschrift für Ärztliche Psychoanalyse*, which will appear alternately with *Imago*. This journal, which will be edited by Dr. Freud, assisted by Dr. S. Ferenczi and Dr. Otto Rank, is to be the official organ of the International Psychoanalytic Association. Dr. Stekel remains in editorial control of the original *Zentralblatt für Psychoanalyse*.

We wish all success to our new contemporary.

BOOKS RECEIVED

HYPNOTISM AND DISEASE. *H. Crichton Miller*, with an Introduction by *Charles Lloyd Tuckey, M.D.* Richard G. Badger. Pp. 252.

THE FUNDAMENTAL LAWS OF HUMAN BEHAVIOR. *Max Meyer.* Richard G. Badger. Pp. xv and 241.

NERVE WASTE. *George Van Ness Dearborn, M.D.* Health Education League. Pp. 29.

"THE STUDY OF INDIVIDUAL CHILDREN." Suggested by Maximilian P. E. Groszmann. The National Association for the Study and Education of Exceptional Children; Plainfield, N. J., 1912., pp. 69 and index.

"MIND AND HEALTH." *Edward E. Weaver, Ph.D.*, with an introduction by G. Stanley Hall, Ph.D., LL.D. The Macmillan Company, 1913. \$2.00 net. Pp. xiv and 468. Bibliography and Index.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

JUNE-JULY, 1913

THE ANALYSIS AND INTERPRETATION OF DREAMS BASED ON VARIOUS MOTIVES

BY MEYER SOLOMON, M.D.

*Associate Professor of Nervous and Mental Diseases, Hospital
College of Medicine, Chicago*

IN a forth-coming paper entitled "A Contribution to the Analysis and Interpretation of Dreams Based on the Motive of Self-preservation,"¹ I have analyzed a number of dreams which were based on the motive of self-preservation. Because of the importance of the subject of dreams, with its intimate relationship to normal and abnormal psychology in general, I will here present the analysis of a few more dreams along mainly non-sexual lines.

These additional cases are further proof of the error of Freudism in over-emphasizing the sexual element in dream-content. Indeed, the Freudians maintain that sexuality and sexual life alone is at the bottom of all dream life. I use the word sexuality here in the same broad sense as the Freudians do, thus including man's original and primitive bisexual and polymorphous perverse sexual predisposition. It is the object of this paper to combat these views in so far as the cases presented permit.

The method of analysis pursued in these cases was as follows: It was arranged with the dreamer that, so soon as he awoke and recalled a dream which he had had during his sleep, he should at once sit down and write out at full length every incident in the dream, no matter how inconsequential it might appear to him. At the same time he should at once jot down all possible explanations for the incidents of the dream. He was further requested to review the dream a number of times so as to include all possible

¹To appear in the American Journal of Insanity.

omissions which might have occurred in his first account, also to review the analysis and add to it or make corrections, as he found necessary, with new explanations which came to his mind. If he awoke in a dreamy state, he was to at once go over the thoughts or ideas he had had during this state, and to review it a second or even third time so as to fix it in his mind. If he could rouse himself sufficiently to summon up enough energy to get out of bed and at once write down the entire dream, with all explanations, if possible, it would be most highly desirable. In any case, as soon thereafter as possible, he was to jot down the dream and his analysis and interpretation of same.

This was brought to the writer as soon as possible, generally the same day; at times even within a few hours and less after awaking. The writer then again reviewed the dream with the dreamer, made him concentrate his attention on the various portions of the dream and perhaps more vividly recall the scenes or incidents of the dream. The dreamer was also asked to concentrate on the events of the day before, his pre-sleeping thoughts and experiences, and on his experiences of the recent and remote past, giving his own explanations and analyses of the dream-content.

This was done not in an hypnoidal or induced dreamy or other special mental state, but merely by ordinary concentration and introspection by the dreamer in the waking state.

A perfect understanding was had with the dreamer to this effect: He was to write out the dream exactly as it occurred, with the same sequence of events, etc. Where he could not recall the exact sequence or content of portions of the dream, this was to be noted. No attempt whatsoever was to be made to fill in forgotten portions of the dream by secondary elaboration or fabrication. Unless the dream was fully and vividly recalled and the dreamer was certain of every incident of the dream and of the exact sequence of events, that dream was rejected. . . In the analysis and interpretation of the dream the patient was given a free rein to offer his own explanations, both in writing, at the time of the original recalling of the dream, and later in person, when the analysis was further taken up by the writer.

The immediate recording of the dream, with all possible analyses and interpretations by the dreamer, is obviously very important, in that the latter can then more readily and accurately bring into relation with the dream all possible explanations dependent upon pre-sleeping thoughts and upon experiences of the day before and the more recent past. The dream, the pre-sleeping thoughts and the preceding day's and recent experiences are thus more accurately, more vividly and more sequentially recalled in detail and any possible interrelation or dependence more clearly seen and appreciated.

During the personal interview with the dreamer, in the attempt to more positively and accurately review the dream and its analysis, the writer would, when necessary, tactfully guide the dreamer in his efforts at concentration and introspection on this or that portion of the dream.

Unless the dreamer was absolutely positive of his explanations and his recollections, these were discarded, after due consideration.

Of course, as usual, the confidence of the dreamer had been previously most positively gained and the attitude of self-criticism banished, there being a mutual attempt to arrive at the truth, but nothing more than the truth, whatever it might be.

I am aware of many criticisms of these analyses that may be brought forward by Freudians. For instance, they may declare that these analyses are worthless because the past sexual life-history of the dreamers has not been sufficiently or fully unearthed; that the patient's own explanations are given too much weight and consideration; that the rejection of dreams which were not accurately recalled shows that the writer does not sufficiently appreciate the significance of amnesias, and that they are such apparently only and not actually; that the infantile and childhood activities of the individual were not sufficiently unfolded; that the writer is prejudiced because he did not employ Freud's own method of psychoanalysis and Jung's association tests; that the writer purposely avoided the sexual elements in the case and is therefore biased and opposed to explanations of a sexual nature or trend; that the writer

does not understand Freudism and is not in proof of his with it; and so forth. all those

I will not, in this paper, endeavor to reply. Why? possible objections and to defend myself against the position criticism, although absolute defense could be easily given. I wish to say only this: I understand the teaching line of Freudian school as they have been expounded by those who know Freudians, and am very much in sympathy with their idealizing. However, I am not blind to many of the defective statements of Freudian teachings. This, however, is not the place to enter into a critical review of Freudianism. The writer is by no means opposed to talking about sexual leading about any phase of sexuality, and is himself convinced that originally and fundamentally man has a bisexual and polymorphous perverse sexual predisposition. The infantile and childhood experiences and the complete, including the remotely early, sexual history were not uprooted, the amnesias were not gone into, and the free-association and word-association tests were not employed because these were found unnecessary in these cases. Nothing further, I am certain, could have been gained by these methods in the cases here reported.

Personal interpretations of the writer were avoided in favor of the individual interpretations of the dreamer himself. It was decided to adhere to facts rather than to indulge in purely theoretical speculation.

The dreams here presented are clear-cut, and it needs no great imagination, no far-fetched symbolism to aid us in our analyses and interpretations. The cases speak for themselves.

CASE J. *Dream:* J., an ambitious young man of twenty-five, dreamed that he was reading a paper before a certain scientific congress in an eastern city.

Analysis: J. had been visited by a very intimate friend, B., from another city, some months previous. J. and B. are very confidential and their interests lie very much in the same line. They spoke of their plans and ambitions. The friend, B., informed J. that he (B.) had been invited to read a paper before a certain scientific congress which was to be held in a few months in a certain eastern city. Both

his wagon to a star and runs his life-long race to reach his goal. And so, in the dream here related, self-preservation lies at the very root of all the mental processes.

CASE K. *Dream:* K., a young lady of twenty-three, unmarried, dreamed that a number of rich women were waiting in the office of her brother, who is a doctor. The doctor was not present and could not be reached by telephone.

Analysis: This young lady, K., has a brother who is a physician, is unmarried, lives at home with the family and has his office in connection with the home. He is a young practitioner, and has been in the present neighborhood but a few months. His practice consequently is by no means flourishing. The entire family are very anxious concerning his success. It means much for him, since he is an ambitious, deserving young man, of poor financial means but with much energy, and struggling confidently to get ahead in the world. The family also know very well that secondarily, with this son's success, the home would be bettered and the home life and comforts would be made much easier for all of them. They really depend much on and expect much of this son.

On returning from work in the evening, each member of the family daily inquires whether or not the doctor has had any cases that day, and, if he has not had any, though themselves quite discouraged, they assure him that things will surely, though perhaps slowly, come his way in the end. They all wish and expect that patients will soon begin to come in fair numbers. And so we find the sister having a dream in which several patients, rich women, are waiting for the doctor. Notice that they were *rich* women and that there were *several* women.

But the doctor is not at home and they cannot find him. Why so? One might say that the dreamer would not permit herself to delude herself to too great an extent and consequently, though the patients are waiting for the doctor, he is not there and cannot be gotten into communication with — hence he really does not come upon the scene to receive or treat these patients.

However, it must be added that the doctor's hours are spent very much of the day away from the office in a remunerative capacity, so that it is frequently difficult to locate

him or to get into communication with him soon enough when there is a call at the office. On this account the family has suffered great annoyance and anxiety, especially since a number of cases have lately been lost for this reason. Either or both of these explanations are accountable for that portion of the dream in which the doctor is absent from his office and cannot be reached by telephone.

In this dream the motive of self-preservation is too plain to need discussion, once the full facts are known. The sister, K., who had the dream, has suffered much shame for some years because the family has never had a home good enough for decent living or social purposes. Her brother had recently done much to improve home conditions. She expected him to do much more if his practice was successful. His success meant social recognition and success for the family.

Freudians may argue that this dream is based on sexuality. They may say that this young lady, K., probably had sexual feelings for, or at some time in the past had perhaps even had sexual relations of some nature with her brother. The latter is absolutely not present in the case. As to the former, their relations were no different than those usually present between brother and sister in all families. I purposely mentioned, at the beginning of this case, that the sister and brother were both unmarried, so that the exact facts should be known. The Freudians may insist that it is possible in spite of the information obtained in the case, that the sister might still have had unconscious fixation of her libido upon her brother and so wished him to succeed because he stood in high favor in her eyes. This is possible—yes, but it is most improbable and most far-fetched, in view of the facts in the case as related above.

In order to combat other arguments that may be put forward by the Freudians, let me consider here upon what motives depended the sister's expectation of gaining a bettered social position by the success of her brother; this had, of course, come to her thoughts now and then, as she herself admitted. The Freudians will say that here the sex motive is predominant. True, advanced social position means the living of a more complete and a fuller life from the self-preservation standpoint, but, especially in the case

of a girl, it means bettered chances for a desirable marriage *coup* — hence the factor of sexual selection here enters. But I may reply, first, that this sexual selection and social advancement are but an application of the desire not only for sex-gratification but for better living in general — hence for bettered conditions in the struggle for life or self-preservation. Further it may be added that the following explanation no doubt played a great rôle in this case. Why do we sympathize with the lowly, the wretched, the poor, the sick, the irresponsible, the weak, the helpless, those in critical states of any sort? It is because of the following mechanisms, as explained in my previous article on dream analysis and interpretation: Unconsciously we have momentarily projected ourselves into the condition or position of the individual before us; we have then appreciated how we would feel, what our wishes, desires, tendencies and yearnings would be if we were in that undesirable position; we have then come back to reality by substituting for ourselves the person before us and have transferred on to him those same wishes, cravings, feelings and yearnings which we know we ourselves would have were we in that other person's condition. Thus, we have the mechanisms of projection, substitution and transference used to obtain wish-fulfilment and indirectly based on the self-conservative instinct. Our good-will toward and sympathy for the other person is enhanced when we feel that the individual is deserving; when we understand him thoroughly, appreciating his desirable qualities and making great allowances for his failings; when our interests are the same and the other party has done nothing to interfere with our own self-expression, with the gratification of our own tastes and feelings. This is still further enhanced between members of the same family, who more thoroughly understand each other and are working for a more or less common end. And that is at least one reason why Miss K. yearns for her brother's success. He is a hard-working, unselfish, deserving young man, fighting against many handicaps, financial and others. She feels for him because she knows he deserves success — this wish of hers being indirectly dependent on the motive of self-preservation, as explained above.

This is probably, I believe, the explanation, by at least its larger root, for the origin and development of sympathy, mercy, kindness, pity, altruism and broad-mindedness. The experiences of the individual and comparison of others with ourselves and those near and dear to us, are vital factors in the development of our finer instincts and feelings. We picture ourselves in the undesirable position, we know how we should want others to be kind and sympathetic to us if we were so wretched or unfortunate, we are sorry for ourselves in that situation and are sympathizing with ourselves and wishing someone would aid us — and so we transfer those feelings to the one before us and act in like manner toward him. It is the old story of "Do unto others, as you would have them do unto you."

It is this same motive which prompted the poet to so touchingly remind us that

"If every man's internal care
Were written on his brow,
How many would our pity share
Who raise our envy now?"

"The fatal secret when revealed
Of every aching breast,
Would show that only while concealed
Their lot appeared the best."

CASE S. A. *Dream*: A., a young physician of twenty-five, dreamed that he was called to attend a sick girl of about fifteen years of age in a family that lived a few blocks from his home. One Dr. K. was already in attendance and it seemed as if he had called A. in consultation. A. did not see the sick girl during the visit but he understood that she was in the bedroom. The mother, however, was present to receive him. The mother was one Mrs. R., whom A. knew and recognized. Mr. R. was not at home. Drs. A. and K. discussed the case with Mrs. R. Before leaving, A. told Mrs. R. that he wished to take out a life insurance policy and a fire insurance policy.

Analysis: The night before this dream occurred, A. was called to the home of the R—'s, who lived not far from

the doctor's home and were only a few blocks distant from the home of the Mr. and Mrs. R. of the dream. Dr. K. arrived a few minutes later. Dr. K. had called A. in consultation in this case on a number of previous occasions. It was a case of epilepsy in a girl of sixteen years of age. She had had an attack about an hour previous to the arrival of the physicians in the case. As she had had a number of previous attacks and the mother was much concerned about her daughter's welfare and even suspected epilepsy, it had been necessary for A. to explain the situation carefully but truthfully to the family. The daughter lay in bed in her bedroom during the whispered interview which took place in the parlor of the home.

This explains why in the dream A. is called to see a sick girl, why Dr. K. arrives a few minutes later, why A. understands in the dream that he is the consultant in the case and why the case is being discussed with the mother, while the daughter is in her bedroom out of sight and out of hearing distance. It is to be noted, however, that Mrs. R—s does not appear as the mother in the dream but that Mrs. R. plays that rôle. Both names begin with the letter R, but I do not think this coincidence is of great importance in this connection, although one cannot positively say that it may not have been responsible for the association of the name R. with the name R—s. A. had met Mrs. R., who appears as the mother of the sick girl in the dream, a number of times. So far as he knew, she had no children. One cannot say whether the knowledge that she really had no children had anything to do with the fact that although she is supposed to be the mother of the sick girl of the dream, the daughter does not actually make her appearance in the dream. Most probably the explanation of the daughter being in the bedroom and not making her appearance in the dream is that given above, namely, that that was the exact situation the preceding night when Dr. A. attended the sick girl. A. and Mr. R., the husband of Mrs. R., are acquainted with each other, but not very intimately. Mr. R. is prominently connected with the movement to complete a new hospital, now in the course of construction. A. aspires to a position on the staff of this new

hospital. It must be further added that A. is one of a number of physicians employed in the medical department of a certain corporation. He had only recently been appointed to that position and had been assigned to duty during the hours from 8 A.M. to 4 P.M. at a point quite distant from his home. This necessitated his getting up very early in the morning and prevented him from attending to his office work and private calls, which he could do were he assigned to duty nearer home. He especially desired to be assigned to duty from 12 midnight to 8 A.M. These were the most desirable hours because there was little to do during those hours, he could sleep most of the night and would have all day and evening, from 8 A.M. to 12 P.M., to attend to his private practice and do as he pleased. Consequently his thoughts were constantly in this direction: how could he be transferred to the hours of 12 midnight to 8 A.M. and as near to his home as possible? A. had recently learned that this Mr. R. was a very personal friend of the chief of the medical department of the corporation with which he (A.) was connected. Mr. R. himself told A. that he had great influence with the chief of the medical division, and that he would see what could be done to accommodate A. A short time ago A. met Mr. R. and the latter told him that he had taken the matter up for him with the chief of the medical department and that his friend had promised to do the best he could for A. as soon as satisfactory arrangements could be made toward that end. A. wondered whether this was in good faith or not.

Only the other day A. and his brother met Mr. R. who was accompanied by a friend. Mr. R. and A.'s brother never could get along. A discussion arose and, during the conversation which followed, A.'s brother pretty freely criticised Mr. R., pointed out to him many of his defects and in general so angered and insulted Mr. R. that the latter took his friend by the arm and abruptly walked away, thus putting an end to the unfriendly repartee which had been going on.

This displeased A. very much. Here he had been depending on Mr. R. to use all the power and influence at his command to bring about the transfer he so much desired,

as explained above, and to do his utmost to see to it that he was appointed on the staff of the new hospital. Now that Mr. R. had had such an open disagreement with A.'s brother who had treated him so rudely and insultingly, A. was convinced that Mr. R. would not only not exert any efforts in his behalf but might even be antagonistically inclined.

It so happened that A. was been wanting for the past two months to take out a life insurance policy and to have his home insured from loss by fire. He had been delaying this for two months and had decided that he must attend to it that week. One Mr. C., a friend of Dr. K., lives in the building adjoining A.'s home, and is an insurance agent. A. had decided that since Mr. C. was a close friend of Dr. K. it would be no more than right to give him the opportunity to insure him. Now, however, that there had been such a wordy war between Mr. R. and a member of A.'s family, A. recalled that Mr. R., too, was an insurance agent. He figured that it might smooth matters out considerably if he let Mr. R. have both the fire insurance policy and life insurance policy, or the life insurance policy alone, (which was the more desirable of the two), giving Mr. C. the fire insurance policy or none at all. This explains why Mrs. R., wife of Mr. R., is given such a prominent place in the dream, and why the doctor told her, on leaving, of his desire to take out a life insurance and a fire insurance policy. Here Mrs. R., whom A. knew, is substituted for her husband, Mr. R. Notice that A. does not tell Mrs. R. that he desires to have Mr. R. insure him — remember that he had only been thinking of it and had not definitely made up his mind either way. Is this why he simply tells her that he intends to take out insurance?

Here we have a dream based purely and solely on the motive of self-preservation. It shows us the recent experiences, wishes and fears, hopes, aspirations, and expectations. The sex motive plays no direct rôle in the case. There have been only the most distant relations between A. and Mrs. R. and he does not recall ever having had any sexual thoughts with regard to her. Of course some Freudians may still insist that A. may have entertained sexual ideas,

even though unconscious, with reference to Mrs. R. and that that is why she is substituted for her husband. Even granting this, the sex motive here is insignificant and practically negligible, while the self-preservative motive is the driving force, the foundation of the entire dream.

CASE S. *Dream 1*: Mrs. S., forty-eight years of age, had the following dream. She found herself at home, sad and very much depressed because there had been considerable trouble at home, her eldest sons having had a quarrel which almost ended in their coming to blows that day. Her daughter, L., came over to her, put her arm about her neck, patted her, cheered her and soothed her. Mrs. S. burst out crying as if her heart would break. Her daughter L. did not ask what was the reason for Mrs. S.'s sadness and down-heartedness, but seemed to know, just as if she understood the mental anguish, the heart pangs and disappointments of Mrs. S. She told her mother to be quiet, to calm herself, everything would be all right again, that it would never happen again. The daughter, L., was in her nightgown, just as she usually dressed at night. After assuring her mother that things would come out right in the end, L. disappeared without saying good-bye.

Analysis: To understand this dream it is necessary to learn a little of the family history. Mrs. S.'s husband was a poor, hard-working man, who worked in a shoe factory where he averaged about ten dollars a week salary. There were seven children, four boys and three girls. The two oldest boys and the oldest girl worked irregularly and were much dissatisfied with the condition of poverty in which the family lived. Mrs. S.'s daughter L. died one month ago. She was a sweet, innocent, lovable and noble girl of sixteen, considered by all at home to be the best child in the family. She suffered miserably for upwards of three years from cardiac and renal disease with all the symptoms of failing compensation. So good and kind was she that the family, especially the mother, was convinced that her soul had gone to heaven.

The afternoon preceding the night on which Mrs. S. had this dream, her two sons had caused much trouble at home. They had fought about the house, made considerable

noise, used foul language, attracted the attention of the neighbors and caused their mother so much annoyance and shame that she was much upset and nervous, was depressed, felt disheartened and disgusted with things in general, and she cried hysterically all afternoon. She was disappointed with her life at home, and was still depressed as a result of her daughter's death.

And so, when we come to analyze the dream, we find that there, too, Mrs. S. is in a similar mental state. In her sadness, her wretchedness, her disgust for home life as she was forced to live it, we find that some consolation is still obtained by the poor mother in her dream. Her dear daughter, whom she loved more than any other in the family because she had nursed her and seen her suffer so nobly for several years, had died but one month previous. The mother was still much depressed over it. It seemed to her impossible that one so good and innocent as her dear, departed girl had gone from earth never again to return. She could believe it only with great difficulty. She wished that her daughter were here again, even if only for ever so short a time. And how does the poor woman gain her wish-fulfilment, the gratification of her desires? Denied it in real, actual, wide-awake life, she gains it in her sleeping life — her dream. There she sees her daughter clothed in her white night-dress, as was her custom at night. Her daughter comes toward her, puts her arms around her neck, pats her, cheers her, soothes her, consoles her and assures her that everything will be all right again, that it would never happen again — which the mother herself had frequently yearned and prayed for, whenever these shameful family quarrels had occurred at home in the past — and they were very frequent indeed. Often, when her daughter was propped up with pillows in her rocker, suffering from edema of the feet, legs, and face, from dyspnea and other symptoms of cardiac and renal insufficiency, most disgraceful fights had occurred between the two older boys. On these occasions the entire household was in an uproar; the sick girl would plead with her brothers to stop their disgraceful quarreling; the mother, fearing the probable disgrace amongst her neighbors as a result of these noisy fights and

fearful of the effect of it all on her sick child, would hide her head in shame and have no other recourse than to burst into tears and cry with all her heart. Then the daughter would do her utmost to console her mother, and assure her that she herself was not frightened by the noisy fighting of her two older brothers; and when the storm had calmed down and the brothers had left the home for the evening, the mother would frequently sob out her troubles and wonder and ask how much longer she would have to endure such a life. It was at these times that her daughter would assure her that things could not forever go on in that same way and that everything would come out all right in the end, before long. And so we find the mother bringing her daughter back to life in the dream, as she wished for her by day during her waking state. The daughter seemed to know all about her mother's troubles of the day before — why should she not, for had she not too often been an eye-witness to just such scenes as had been enacted at home that very afternoon? We find her daughter dressed in the same way as she used to be at night (and it is to be noted that this dream occurred at night), and consoling her mother in the self-same way as she had done so often in the past when she was still on earth. Then the child disappears without saying good-bye. Why should she say good-bye while dressed in her night-dress and at home? The idea that her daughter was still alive must be kept up to the very end. For the daughter to have said good-bye would have been proof positive that the whole thing was unreal and the mother would not have had her gratification.

What are the mechanisms at work here and upon what motives are they dependent? We see the mechanism of wish-fulfilment in the presence of the daughter in the dream. Her connection with the home life, a tragical scene of which had been enacted that afternoon and which had left the mother depressed and disgusted with life, as we also find her in the dream, is plain. The mother flees from her disappointment in home life to seek compensation and gratification in the return to life of her dead daughter in the dream. The relation between the content of the dream and the conduct in the dream of her daughter is just as it used to be in real life, before her daughter's death.

What is the underlying motive here in the mother's dream? There are several motives at play here in the mother. The essence of it all is built upon the motives of self-preservation and the parental instinct, in this case, mother-love. By self-preservation, I do not mean merely direct, bodily self-preservation. I use the term in the broader sense of self-expression; of the gratification of the personal tastes and feelings, of the desire for preservation of the personality or individuality. This broader sense, I will admit, includes the sexual tendencies of the individual. And so it may. But it just as frequently has to do with the self-preservative instinct and the other instincts. In our analyses we should not limit ourselves to any one instinct or motive. One or more of them may play a part in the same dream. Dependent upon this desire for self-expression, no matter what the underlying motive or motives, we seek what is for us individually pleasurable, agreeable and painless, and avoid what is for us individually unpleasant, disagreeable or painful. It is in this way that are built up our wishes and fears, our likes and dislikes, our loves and hates.

In this dream we find that there is, first, the desire for self-preservation or self-expression—the desire for a quiet, peaceful, happy home life; and hence the disappointment with the disorderly, noisy, wretched home which she had. Next, we find the mother-love for the daughter, the parental instinct.

To combat any arguments that may be put forward by the Freudians, I may say that the mother-love we find present here is not at all dependent on any fixation of the mother's *libido*. The only way the Freudians may attempt to prove that such a process underlies this love between mother and child is by the supposition that there has been an unconscious fixation of the *libido* upon the daughter by the mother, an unconscious homosexuality. There is absolutely nothing of this in the case. Such a statement by the Freudians would be absurd, but I consider it so as to be impartial. The love of mother for child depends upon many factors which I have not the time to fully discuss here. First, the mother feels a duty to the growing child because she is responsible for the birth, the physical, intel-

lectual and moral welfare of her child. The child is a part of her very self. Next, she has given up at least a part of her virginity and sexuality for this child. Here the sexual element enters. The mother, therefore, among other reasons, loves the child because it is a part of her own body and because she has given up a portion of her priceless virginity and sexual purity in order to have this child. Hence she transfers some of the love for her virginity and the purity of her body to the object which resulted from the giving up of a portion of this virginity. Hence, she values it the more. This is sexuality in its broadest sense. As a matter of fact, were we to go a step farther, we could prove that this desire for preservation of the sexual purity is but a special application of the general law of self-preservation of the individual, of conservation of the personality, of self-expression. Again, the mother transfers to the child a portion of that love which she has for her husband; for is this child not both his and hers, and is it not a symbol of the mutual love and faithfulness of both herself and her husband? Is it not the strongest bond of union between them? Furthermore, she has seen this child develop from infancy and has learned its weaknesses and its strong points, its advantages and its disadvantages, hereditary or acquired; she has understood the helplessness of the infant whom she suckled at her breast; and as the child grew up, though it became more and more able to care for itself, more and more responsible and accountable for its actions, still she has always realized how helpless and irresponsible her child was after all. Moreover, understanding her daughter's trials and tribulations, the causes which led to her conduct at various times, and appreciating the good as well as the bad in her, she has come to love her, for the good and the bad in her. She has valued her as a human being, with her aspirations, her handicaps, her hopes, her fears, etc. In this case, moreover, the daughter was ill for years with rheumatic heart disease, complicated by nephritis. The sweetness and the nobleness of her character and the beauty of her soul were revealed to the mother time and again. Here was an innocent child, sweet, pure, noble, brave, enduring, considerate for the family welfare, kind,

but sick and helpless, expected to die at any time. The mother's heart and love and sympathy, her whole being, went out to her daughter so much the more. Yes, the daughter was made a part of her and she became her daughter. Here, then, we have the underlying mechanism and motive. The mother knew what it was to be helpless, and sick, though irresponsible and deserving. She has unconsciously projected herself into her child's position, has realized what she would wish for in her position, has come back to real life and substituted her daughter for herself, has transferred this wish-fulfilment to her daughter, and sympathizes with and loves her daughter, because she would sympathize with and love herself if she were in her daughter's position. Thus, indirectly, much of this parental love is dependent unconsciously on the motive of self-preservation. Sympathy and the parental instinct, and the other noble human traits dependent on them, probably had their origin in like manner and have become more or less fixed by selection and heredity.

CASE S. *Dream 2*: Five months after Mrs. S. had had the above dream, she had the following dream: She found herself in the kitchen doing her general housework as usual. While thus engaged, she heard her daughter L.'s voice calling her from the hallway below. Mrs. S., realizing that, as her daughter had heart disease, this calling up to her from the hallway below, especially if repeated, was a strain on her daughter's heart, at once went to the door to ask her daughter what she wished. The girl called up to her: "Ma, bring me down a glass of milk." Mrs. S. went to get the milk. At this point Mrs. S. awoke and found herself in bed. At first she felt certain that her daughter was down-stairs and as she gradually came more and more to her normal waking state, she realized that it was only a dream. She was certain that in her sleep she really had walked from her bed to the door but that instead of going for the milk she had walked back to bed, where she found herself when she awoke. We all know how vivid some dreams are. At times they are so vivid that the one who has had the dream may later feel convinced that he has had an actual experience. So here, too, the lady may have been so impressed

with the reality and vividness of her dream that she is certain that she actually did walk to the door and back again to bed.

Analysis: The history which is necessary for a proper understanding of this dream has been partly related in the analysis of the preceding dream. I may repeat that Mrs. S.'s daughter L. had died six months previous to the occurrences of this dream. She was almost sixteen years of age at the time of her death. For three years she had been very ill, suffering with cardiac insufficiency, complicated by renal involvement. Whenever her condition permitted it and the weather was favorable, the sick girl was permitted to go out-of-doors. On these occasions she would most usually spend her time sitting quietly on a chair on the sidewalk near the entrance to the house in which her family had apartments. Her mother constantly impressed her daughter with the fact that she should not unnecessarily exert herself and thus throw undue work and strain upon her heart. She told her that when, at those times when she was enjoying the air and sunshine in front of the house, she desired to have a little lunch, she should go into the grocery store, which was in the same building in which they lived, get milk, crackers and whatever other articles of food she had an appetite for at the time, and to have her little meal there in the store. This would thus do away with her having to walk up-stairs for her lunch. Sometimes the sick girl would call up to her mother to bring her luncheon down for her—for the family lived on the second floor. This, the mother felt, was an unnecessary strain on her dear girl's heart, and, whenever she heard her daughter's voice calling her from the hallway below, the mother would excitedly rush to answer her at once and caution her not to do it again. So also, in the dream, when Mrs. S. heard her daughter calling her, she hastily went to the door to answer her at once, fearing that she may have already thrown quite a strain upon her heart by having called her several times.

Here, then, we find a little dream-scene, just as if it had occurred in life. It seems as if, in her sorrow at her daughter's death and because of her wish to have her back

on earth again, even if it be in the state of illness which she suffered during the last years of her life, the mother has transported her dear, departed, loving daughter back to life in her dream. Denied satisfaction and wish-fulfilment in her real, every day, actual, waking life, her yearnings and her wishes for the return of her dear child find imaginary realization and gratification in her dream life.

Nay more, so true is the dream to the actual occurrences in the past, that the mother is not disillusioned until she has returned to clear consciousness — full waking state. Here is a little tragedy in life's ebb and flow. Here are shown the heart pangs, the soul's crying, the suffering "with blood and tears," the real, human side of the individual.

What is the motive underlying the dream? It is based on mother-love, on the maternal instinct enhanced by sympathy for the sick, in this case, her daughter. As explained in the analysis of the last dream, the origin of the mother-love which we find here comes indirectly from the motive of self-preservation, by the mechanisms of projection, substitution and transference. The rôle of the sex motive is not entirely negligible or absent in the case, but it is rather a special application of the general tendency towards preservation of the individuality, the personality, including the moral integrity, of the woman who had this dream.

CASE S. C. A Jewish mother, Mrs. C., aged forty-six, had the following dream: She was at home in her kitchen. It was Friday night. The table was set for supper. On the table were several candlesticks in which were burning candles. A "cholly" (which is a loaf of white bread with a twisted letter superimposed and running lengthwise down the middle of the bread on its upper surface) was on the table. The table was prepared as is usual in orthodox Jewish homes on Friday night.

Mrs. C. suddenly felt something soft on her right shoulder. She at once thought it was her little nine-months-old infant. She was convinced of this when she felt "this something" on her shoulder kissing and licking her. Mrs. C. slyly turned her head toward her right shoulder so that she might get hold of the infant with her hands and fondle

it. Instead of the baby she saw that it was a small white dog, with black eyes, with the forepaws over the front of her chest and the body on her shoulder. The dog did not seem frightened but went on licking her. At first Mrs. C. did not feel surprised but went right on petting the dog, even after she recognized it, as if it were the baby. She suddenly realized that it was only a dog. At this point, she believes, she awoke.

Analysis: Mrs. C. was a poor Jewish woman. Her husband barely supported the family, so small were his wages. There were several children, who were but illy cared for. The family lived from hand to mouth. The mother, Mrs. C., had to be sent to the hospital for strangulated hernia. The father had to continue his work and there was no one at home to look after the children. Sympathetic friends and relatives had kindly agreed to look after the older children until the mother returned from the hospital. Mrs. C. had a nine-months-old baby. Although her husband had pleaded with Mrs. C.'s married sister, the latter absolutely refused to look after her unfortunate sister's infant while the mother was confined to the hospital. As a last resort, this nine-months-old nursing baby was sent to a public charitable institution which looked after such cases. The mother was certain that the baby would be neglected and would die. She worried and fretted about it and vowed that she would never forgive her sister for her worse than heartless conduct in refusing to open the doors of her home to her nursing baby.

This dream occurred while the mother was in the hospital. She had been operated on for her strangulated hernia and was slowly convalescing. Her husband had visited her at the hospital the day before the dream. He had been to see the baby that morning and told his wife that the baby was in fair health but looked pale. That night Mrs. C. had the above dream. She did not have the dream on Friday. It was early Thursday morning. Yet, in the dream, we find her at home on Friday night. Those who know anything about orthodox Jewish life know what a familiar and pleasant scene we find on Friday night, after the sun has set, in every Jewish home. The Jewish Sabbath

begins at sundown Friday night and ends at sundown Saturday night. This Sabbath is a day of rest, prayer, repentance and self-denials. On Friday night, at the opening of the Sabbath, after the father or head of the home has returned from the synagogue, the family gather about the festive board. Special preparations are made for the Sabbath, especially for the Friday night meal, as for a holiday. The house is thoroughly cleaned up that day. A special meal, the most sumptuous of the week, is prepared for Friday night. It is a Thanksgiving day meal on a small scale. The meal opens with a prayer by the head of the family, and many other orthodox Jewish customs are gone through. This Friday night gathering and scene is one of the most pleasant and enjoyable periods in the home life of the Jews. That is why this orthodox Jewish mother of the dream finds herself at home on Friday night. She is in the kitchen. Why? Their little flat contained no dining-room. The kitchen served the double function of kitchen and dining-room. It was there that the mother generally did her work and it was in the kitchen that the family always gathered. The table is set as for Friday night. On Friday night all orthodox Jewish homes have candles on the dining-table. These are lit as soon as the sun goes down that night and must not be blown out but must be permitted to burn until they are consumed and thus flicker and die out. Several, generally two or three, "chollies" or special loaves of white bread are especially prepared in all Jewish homes for the Sabbath, beginning with this Friday night meal. Two "chollies" are put on the table in the place to be occupied by the head of the house. These must remain uncut until, after an appropriate prayer, the head of the family, generally the father (except he be away from home or dead), cuts off, from one of the loaves of bread, the first piece of bread, a portion of which he immediately proceeds to eat. Next he distributes a portion of this same slice of bread to all those seated about the festive board. Then he proceeds to cut the loaf into slices and the others at the table may now help themselves to as much bread as they please.

Hence, we find, in the dream, that the lady has transported herself back to her own home on the most pleasant

and home-like evening of the week. Of course, as she said, she had wished time and again that she might return home from the hospital as soon as possible to gather her children together once more. She was especially worried about her baby, who, she felt certain, would die from neglect at the public institution to which she had been sent. Here, then, in her home, probably due to mere association of ideas occurring in the dream, for her home and her baby were almost one and the same thing to her, her baby suddenly comes to her in a strange way. There is a sense of pressure on her right shoulder. It is impossible to say whether or not during her sleep there really was not pressure on the shoulder due to her position in bed or the pressure of the bedclothes. She immediately concludes that it is the baby whom she so wished for. She feels the kissing and licking and is convinced it is her baby, although licking is perhaps already a hint that it is something more than the baby alone. She turns to look at the baby and sees a dog in its place. She continues to pet it as if it were her baby and then suddenly realizes it is only a dog after all.

Here we find several mechanisms at work. Her wish to have her baby home with her is almost realized. On examining more closely, the dog is substituted for the baby and she proceeds to pet and fondle it as if it really were the baby. The pet-like, faithful, dependent, helpless dog is, to her, symbolical of the helpless, irresponsible and sympathy-demanding baby. It is the same mechanism by which old maids and childless wives substitute a dog for a child. Here we find it in the dream. Furthermore, it may be said that Mrs. C. always liked dogs very much and petted them. Her children made it a practice every now and then to bring home some lost, homeless, hungry dog and feed him up and give him a home for a few hours or even days. It was the mother who saw that the strayed dogs temporarily brought to her home got sufficient food and a decent place to sleep. Mrs. C. is a very kind-hearted and sympathetic woman.

What are the motives underlying this dream? One is self-preservation — the desire to be well again and out of the hospital, as she was in the dream. Then the marital or

familial instinct — the yearning to be home, with her husband and family, as in the dream. Then the maternal instinct. I will not here attempt to fully discuss the origin of the marital instinct, the familial instinct and the maternal instinct. The marital instinct in woman depends on sexual selection and also on self-preservation. The familial instinct and the parental instinct (maternal instinct, on the part of the mother) depend on sympathy, etc. with the mechanisms of projection, substitution and transference, and indirectly on self-preservation, as explained earlier in this paper. This is not the place to trace the origin of human instincts, to show that man is not only a gregarious but also a social animal, or to trace the origin and evolution of the traits of sympathy and allied feelings, or of the history of human marriage and family relationships. It is enough to show that this dream is not dependent on the sex motive alone but is dependent mainly on the self-preservative and parental (in this case the maternal) instincts, and only slightly on the marital and hence also the sexual instinct. As in the preceding dream, so here also, the mother loves the child because it is to her a substitute for that sexual purity and precious virginity which she has surrendered in order to have this infant. And here also the child is a substituted symbol of her husband's love and their mutual interdependence.

It is interesting to learn Mrs. C.'s original interpretation of her dream. The dream to her meant that the baby would die. Many people, including Mrs. C., believe that the dream is a prophecy of the future course of events, and that things come to pass, not as they are in the dream, but just the reverse. In support of her viewpoint, Mrs. C. at first believed that the lighted candles in the dream were symbolical of the death of her baby, since burning candles reminded her of a coffin, surrounded by burning candles, and containing a dead body, which to her meant her own baby. It was a coincidence that later, when Mrs. C. had recovered and had returned home, her baby was brought home from the institution in a dying condition and died shortly thereafter at the age of one year.

When all the facts in the case were related to the con-

tent of the dream, Mrs. C. appreciated the fallacy of her former conclusions and the accuracy of her subsequent explanations.

It was my original intention merely to present the analyses of the above dream and not to draw any conclusions in this paper.

In my paper on "A Contribution to the Analysis and Interpretation of Dreams Based on the Motive of Self-preservation," I enumerated a number of conclusions which I believe my analyses fully supported. In the present paper I may safely note the following conclusions which are justified by the dream analyses here presented.

1. The law of determinism applies as certainly to dream life as it does to all other mental states. There is no mental state or psychic fact which has not a logical and efficient antecedent causative factor.

2. The content of the dream may depend only or mainly on our more recent experiences, mental trends, hopes and wishes, fears and disappointments, etc.

3. Dreams do not necessarily depend on our infantile and childhood experiences, activities and tendencies.

4. Our primitive, instinctive tendencies and all the past and recent experiences of our lives determine our present mental states, and hence our dreams.

5. Dreams are merely the continuation of our waking mental life, but, owing to the lessened activity of clear consciousness, not in the same logical and orderly way. Association and flight of ideas may be given free play, unrestrained by the exercise and inhibiting action of reason and judgment, of consciousness, intellect and critique, and not in accordance with the real, actual, every-day waking life of the world about us.

6. Symbolism does not necessarily play a great or even any rôle in dream-content and dream-formation.

7. Our fears, as well as our wishes, determine the content of our dreams.

8. Woven into the warp and woof of the dreams, and associated with these fears and wishes, we may have disappointments, other mental states and even indifferent, though perhaps related, scenes and experiences.

9. Reminiscences of pleasurable or painful scenes or experiences may be quite a factor in dream-content.

10. Dreams do not necessarily depend on the sexual motive. I use the word sexual in the same sense as the Freudians, thus including man's original bisexual and polymorphous perverse sexual tendencies.

11. The underlying motives or the basic foundation of dreams varies considerably. Many dreams may depend on the sexual motive alone. Other dreams may depend on the self-preservative motive alone. Still other dreams may depend on any combination of these two motives. Moreover, any of our instincts, alone or in combination, may be the driving force of the dream. Although the instincts of self-preservation and sex-gratification are the two primary ends or purposes of all human activities, physical or mental, and hence are the two fundamental sources of the content of dreams; yet, any of the other, less fundamental, instincts of man — social, marital, parental, filial, etc., — and the mental states and conduct dependent on them, may be the main or accessory foundation springs of the dream.

12. Dreams are not necessarily connected with infantile incestuous wishes. As I said in my previous paper, which I have already referred to above, "even when the dream is of a sexual nature," I believe that "in the majority of cases infantile incestuous wishes have absolutely nothing to do with the formation or content of the dream."

13. The Freudians have laid far too much stress on the rôle of man's original bisexual and polymorphous perverse sexual tendencies in the determination of the content of dreams. It is in this way that symbolism has been used by the Freudians where it had no application. It is because of their insistence on reading sexuality and sexuality alone into every case which they have analyzed that Freudian mechanisms, aided by far-fetched symbolism, have been twisted and been forced to explain mental mechanisms which depended not at all or only partly on sexuality. This is the reason why so many Freudian analyses are unconvincing, and why symbolism and proof by analogy have been carried to the very extreme, with the inevitable result that too many of their analyses, though ingenuous and the

result of hard work, are imaginative, unfounded, highly improbable and even impossible — yes, often positively absurd.

14. Here I must repeat what I say in my previous paper: "The Freudians must break a new path and revise or add to their psychology at least somewhat along the lines here indicated."

15. If the conclusions here enumerated be true in the case of dreams, and there is no doubt in my mind that they are, then they can be applied directly to the Freudian analyses of neuroses and psychoneuroses, to their interpretation of myths and legends and to all the other fields of human activity which Freudians have attempted to explain. This is an inevitable conclusion, and I feel certain that the pendulum will swing in that direction.

Many other conclusions might be drawn from these cases, and many of the declarations of Freudians could be combatted even from the analysis of these few cases. But the writer thinks he has gone far enough in this paper. He has analyzed other more interesting dream-states which throw much greater light on dream-content and dream-formation; but the objects of the present paper have been carried out, and, for various reasons, there is no need to extend the discussion in this communication.

A SIMPLE PHOBIA

BY ERNEST JONES, M.D., M.R.C.P. (LONDON)

Associate Professor of Psychiatry, University of Toronto

THE following case of a simple phobia is related, not as a detailed study, but merely to illustrate some of the differences existing between the two current psychological views regarding the nature and origin of such symptoms, and in the hope that thereby some slight contribution will be made to the task of clarifying and rendering precise the problems at issue.

The patient was a young man, suffering from a mild neurosis. The only feature of this that concerns us here was the following phobia, one of a common type. Whenever he stood at the brink of a height he became afflicted with manifestations of morbid anxiety (dread, nervousness, giddiness, palpitation, tachycardia, sweating, etc.). He experienced a definite fear of falling, or, to be more precise, a fear lest he might jump over, and would hastily draw back to a safer position or clutch on to any fixed object. In a fuller description he added some further details, of which the only ones worthy of note were these two. The symptom was always most severe when the edge was one overlooking deep water, such as on a quay or on a high deck aboard ship. The vicinity of any other man when he was near a dangerous edge made him afraid that the latter would throw him over; although he realized, of course, the unreasonableness of this fear, it caused such discomfort that it cost him a very considerable effort to walk or stand with another man in a position of this sort. The latter fear applied only to other men, not to women.

Investigation of the patient's history brought to light the following relevant facts. He had had the phobia as long as he could remember, though it varied considerably in intensity from time to time. He recalled, with no special difficulty and merely by carefully searching his memory, a series of occurrences that deserve the name of psychical trauma;

and which seemed to have a direct bearing on the present symptom, inasmuch as they concerned situations that closely resembled those under which the symptom was manifested. Two of these were much more serious than the others, and were also the earliest in time. The memories will be narrated in order, the first being of the most recent occurrence.

This one referred to an incident that occurred when the patient was ten years old. He was taken to a village concert by a grown-up friend, who, on account of the hall being crowded, made him sit on a window ledge some six feet above the stairs. He was very afraid of falling off, and, after he had endured it for about half an hour, his fear got the better of his mortification, and he got the friend to lift him down. Clearly, however, the incident contained not so much a serious trauma in itself as an occasion that was well adapted to bring the phobia into prominent evidence.

The year previous to this he had been taken up a tower, about two hundred feet high, by his father. On reaching the circular projecting balcony at the top, which was quite in the open, though of course protected by a railing, his father laughed at his fears, and forced him to walk around the tower on the balcony. He accomplished this in great terror, the memory of which was still disagreeable.

The third incident was one that had occurred when he was seven years old. At the end of the school playground was a wall that divided it from lower ground on the side of the hill, the height of the wall being between fifteen and twenty feet. One day a schoolteacher (a young man) lifted him over this wall as a practical joke, and suspended him upside down by his ankles, playfully threatening all the while to let him drop. As may be imagined, this had caused in the boy a fit of abject terror, though it is worthy of note that it disappeared soon enough after he was safely back in the playground.

The last of the series, and the only one that showed any dimness in the memory of it, dated back to the age of three.¹ The patient seems to have been a fretful child, much given to crying, and on one occasion, when he had probably been more than usually troublesome, a visitor who was staying in the house, and whom the child had good reason to dread,

¹All the dates could be definitely determined by extrinsic references, which need not be here detailed.

picked him up in anger, carried him outside, and held him over a high cask of water, into which he threatened to drown him unless he became quiet.

These were the only relevant traumata that could be elicited by any form of enquiry, either from himself or his parents. According to one view regarding the genesis of phobias we have here all the essential facts necessary to explain the case, granted that a given congenital predisposition¹ was present, for instance, an unusually developed fear instinct. The explanation that would be offered might run somewhat as follows: A pronounced manifestation and activity of the fear instinct was aroused by each of the traumata just mentioned, and in a perfectly natural and intelligible way. This had two after-results: in the first place, the emotion of fear and the idea of falling (or being thrown over) became ineradicably associated, so that the effective presence of the latter always tended to arouse the former. Possibly the form of the earliest trauma would account for the exceptional intensity of the phobia when the patient was near deep water. In the second place, the intensity of the emotion aroused was the reason of its persisting so remarkably, usually latent, but capable of being called forth in the presence of any situation that resembled the original ones; in other words, a body of emotion had been created which remained with the patient as a memento of the experiences he had once passed through. Some writers would probably add the elaboration that, as the result of the nervous shock, a group of mental processes had become dissociated from the rest of the mind, and that this dissociation remained as a permanent effect of the trauma.

Supporters of the second view, which, in contradistinction to the first, or *static* one, may be termed the *dynamic* view, would agree as to the influence of the series of shocks, but would express their disbelief in the efficacy of these alone to produce the result in question; they would thus regard the explanation just given as incomplete rather than incorrect. They would maintain that such effects as those described can never result from psychical traumata alone, but only when these become associated to, and perhaps reinforce, certain dynamic trends already present in the mind.

¹I will say nothing more about this, for it is equally assumed by both views under consideration, and is thus common ground.

an In support of this criticism attention may be directed sy. two considerations. In the first place, psychical traumata, red even severe ones, may certainly occur without leading to Tsting phobias (or any other symptoms), so it is plain that yome other factor must be operative in the cases when they do. To invoke the congenital differences between people as the sole explanation of this other factor, without making any further enquiry to determine if possible what other influences are at work, is only to make an unprovable assumption, which in any event leads to no increase of our comprehension of the mental conditions in question. In the second place, experience shows that phobias may sometimes arise independently of any connection with preceding pyschical traumata of a serious nature; that is to say, in cases where any traumata that may have occurred have been of such a kind as either to present no intrinsic resemblance to the phobia (in the way that they do in the present instance, on the contrary), or else to be of only an insignificant intensity. It would seem, therefore, that these traumata can be regarded neither as the whole cause of the phobia, nor even as the essential cause.

It is held by the second group of observers that the dynamic trend, or wish, is symbolized in the phobia, and that it is the continued action of this wish which is responsible for the persistence of the phobia; when the activity of the former ceases, that of the latter does also. To express the matter most shortly, it is held that every phobia represents a compromise between one or more repressed wishes and the inhibiting forces that have repressed these; the activity of these wishes constitutes the essential and specific cause of the morbid mental state.

The same phobia by no means always represents the samerepressed wish, though it does some wishes so much more frequently than others that these may be called types. The common types of wish that underlie the present phobia are the two following: (1) Therepressed desire to experiencesome moral fall. This is symbolized by the physical act of falling, in just the same way. that the spiritual idea of purification from sin is symbolised in the material act of ablution with water (baptism). The word "fall" is very commonly em-

ployed to indicate the idea in question—one need only mention such expressions as “to fall from grace,” “fallen women,” “backsliding after conversion,” etc.—and the two connotations of the word, the literal and the metaphorical, generally become associated in the unconscious, as do the various connotations of any given word or of any pair of similarly sounding words. (2) The repressed desire to make some one else fall, either literally (to throw them down and hurt or kill them) or metaphorically (to encompass their ruin). The present case is an interesting example of the way in which this cruel wish may become associated to, and replaced in consciousness by, the fear of heights. The chief mechanism involved is that of “projection,” so common in both the disordered and the normal (especially the infantile) mind. We find it typically in the guilty conscience, for instance in the fear of punishment for sin, and a similar theme is to be met with in countless dramas and novels in which the doom that the villain prepares for the hero recoils on himself. A murderously inclined man is afraid of being murdered—he ascribes to others the evil desires of his own heart,—a liar does not trust an honest man (Bernard Shaw justly says that the chief punishment of a liar is not at all that he is not believed, but that he cannot believe others), and so on. In insanity one finds regularly that delusions of persecution on the part of others are the reflections, or, projections of evil thoughts deep in the patient’s own mind. The whole attitude of jealousy and fear of the rising generation so frequent in older people (wonderfully dramatized in Ibsen’s “Master Builder”) is due to a projection on to the former of the hostile attitude that they themselves when young indulged in towards their elders. Instances could be indefinitely multiplied, but these few will probably serve to recall to the reader a familiar human tendency.

The full analysis of the case described above cannot be here related, but some of the principal findings in the present connection were these. As a baby the patient¹ had been very sickly and ailing; his mother was of an unusually affectionate disposition; he was the only child; for these reasons was unduly pampered by his mother, who doted on her first-born, and nursed him night and day. He no doubt highly

¹This theme of “retribution” is extensively handled in Otto Rank’s recent work, “Das Inzest-Motiv in Dichtung und Sage,” 1912.

appreciated this affection, for when another child arrived — late in his second year — he showed every sign of resentment at this apparently superfluous intrusion into the circle of love where he had hitherto reigned supreme. Particularly did he object to renouncing the pleasure of being cradled in his mother's arms, which till now had always been open to him, and the having to wait disconsolately while the baby was being nursed. The following trivial incident will illustrate this. One day when he was a little over two years old he called out vehemently to his mother, "Put the baby down in the cradle to cry, and *nurse me*." The words "to cry"¹ are especially to be noticed, these clearly being an unnecessary refinement of unkindness. No doubt his real feelings, the free manifestations of which were already being hampered by growing inhibitions, would have been more truly expressed in some such phrase as, "Heave the little brat on to the floor, throw it away for good."

Another feature of importance was that throughout his childhood he had suffered greatly from fear of his father, as well as of the visitor mentioned above, a man who was closely identified in his mind with his father. Most of this fear was caused by a projection of the hostile thoughts bred by his jealousy of his father. He secretly hated his father, and nursed phantasies of killing him, so he ascribed to his father a similar hostility and also feared the latter's retribution if his evil thoughts became known. Therefore, when first the visitor, and later on the father, forced him into a situation where he was in peril of falling from a height,² his instinctive reaction was, "It's come at last. The all-knowing father has discovered my sinful thoughts, and he is going to do to me what I wanted to do to my little sister."

The hate, jealousy, and hostility that had arisen in earliest childhood had persisted in the patient's unconscious up to the present, in reference both to the relatives first concerned and other associated persons, on to whom it had

¹ The wording is in all probability correct, for the incident, which was often repeated as a family story, was told me by the mother, who remembered it, as well as many others, very distinctly.

² It should not be forgotten that the height of a mother's arms is greatly magnified in the imagination of a little child, just as the size of any grown-up person is: hence the giants of mythology.

later been transferred. Being of course repressed through the influence of moral training, and covered as well by a real love, it had never been consciously experienced in its full intensity, manifesting itself chiefly through endless friction and irritability; with occasional quarrels. The suffering and unhappiness resulting from these constituted one of the punishments that the patient's guilty conscience brought upon him for his cruel wishes. The phobia was another, a more direct self-punishment. When the pent-up wishes were released by being admitted to consciousness, and thereby weakened through the influence of various mental processes to which they had previously been inaccessible, a considerable improvement took place in his general mental condition, and the phobia became reduced to more normal proportions; the fires that had fed it being extinguished, there was nothing to keep it alive.

On the basis of this explanation it is intelligible that the most prominent part of the phobia had been the patient's fear that some other man would throw him over; in his unconscious his avenging father was always with him. The fear that he himself might jump over was a more direct expression of the repressed desire to do wrong, to "fall." The localization to the neighborhood of water was produced by a number of thoughts relating to the associations "throwing down — killing — death — birth" that need not here be detailed.

According to the second of the two views discussed above a phobia is a reaction to a repressed wish. It expresses the patient's fear (an emotion derived from the fear instinct) of a dissociated part of his own mind, of a dangerous tendency that he is afraid might overpower his better self; in popular phraseology it is "a fear of himself." The influence of any psychical trauma is merely incidental; it may be made use of by the phobia-building forces, thus, as in the present case, helping to determine the precise form this process shall take, but on the other hand it may play no part whatever.

To avoid any possible misapprehension, I will repeat in conclusion two remarks already made above: first, that the particular repressed wish we have discussed is far from being

the only one that may underlie a phobia of falling (nor was it by any means the only one in this case, though it was the chief one); and secondly, that the object of the present communication is not so much to produce any convincing evidence as to illustrate the contrast between two views by reference to a given case.

AN UNUSUAL TYPE OF SYNESTHESIA

BY ISADOR H. CORIAT, M.D., BOSTON

THIS unusual case of synesthesia is reported for the purpose of calling attention to a rare type of the condition and thus, perhaps, being the means of placing other similar cases on record. The synesthesia occurred in an intelligent woman forty years of age. For years she had suffered with an hysterical hemicrania combined with neurasthenic symptoms and in addition there had been attacks of somnambulism and, on one occasion, a transitory paralysis of the legs. A right hemihypoesthesia could be demonstrated, while the field of vision was normal for form and color.

The type of synesthesia from which this subject suffered may be called "colored pain." As far back as she can remember, pain had produced in her a sensation of color. When a young girl, attacks of severe abdominal pain from which she suffered, were referred to as "long blue-black." The colors produced by pain were distinct and clear and various kinds of pain always produced the same invariable color. The color sensations were distinctly visualized as a mass of color, of no particular shape. If the pain, however, involved a jagged, longitudinal or round area, the color stimulated by this particular type of pain had a corresponding geometrical figure. Colors were produced only when the pain was severe and persistent. Slight pain usually failed to produce colors. When, however, the pain was at first slight and gradually became more intense, this increase in intensity gradually produced a sensation of color which increased in vividness parallel with the increase in the intensity of the pain. This parallelism between color sensations and intense pain is probably a kind of summation of stimuli from the peripheral pain points.

Certain emotional associations were likewise present in these color phenomena, since the pains which produced color sensations were usually those which frightened her and were associated with fear. Conversely, certain colors

like yellow and green produced a depressing effect in the subject, while other colors like red and blue were referred to as soothing. In the synesthesia, the duration of the color sensation was the same as that of the pain which produced it, but it varied in its intensity and disappeared simultaneously with the disappearance of the pain.

Each type of pain produced its individual and invariable color, for instance: Hollow pain, blue color; sore pain, red color; deep headache, vivid scarlet; superficial headache, white color; shooting neuralgic pain, white color.

The hemicrania attacks always produced at first a feeling of "blueness" localized on the same side as the headache, and finally, as the intensity of the headache increased, a distinct blue color was produced.

Bearing in mind the physiological theory which had previously formulated to explain these synesthetic phenomena,¹ namely, an irradiation of peripheral nervous impulses, some experiments were carried out by means of Von Frey's hair aesthesiometer. Careful testing with this instrument could demonstrate a hemihypoesthesia, always corresponding to the side of the body on which the last attack of headache occurred. In the testing of both sides of the body with the aesthesiometer and attempting to stimulate the pain points rather than the pressure points, there could be demonstrated an unusually prolonged persistence of the pain sensation after the cessation of the stimulus. The duration of this persistence varied with the length of the testing hair in millimeters and was the same for both sides of the body. During this abnormal persistence of the sensation, there was a subjective feeling of fluctuation of the stimulus, that is, a periodic increase and decrease in the intensity of the pain perception which suddenly ceased, resembling somewhat the fluctuating fatigue of the field of vision in hysteria and neurasthenia. The condition was somewhat analogous to the prolonged persistence of a visual after-image.

¹Isador H. Coriat. A Case of Synesthesia, JOURNAL ABNORMAL PSYCHOLOGY.

The exact figures were as follows:—

<i>Hair length of aesthesiometer</i>	<i>Persistence of sensation.</i>
40 mm.	17.2 secs.
30 mm.	43.8 secs.
20 mm.	66.6 secs.
10 mm.	84.8 secs.

The hair length could be easily measured on the scale of the instrument, while the time was accurately taken with a stop-watch.

Comparative tests in a normal individual, with the same varying hair lengths (40 mm. to 10 mm.), showed a persistence of sensation varying from 2.4 secs. to 3.8 secs. on the palms of the hands, and from 5.4 secs. to 7.2 secs. on the face. These figures were thus markedly smaller than in the synesthetic subject and probably represented the normal persistence of an after-sensation on stimulating the pain points. Furthermore, in the normal individual, there was no fluctuation of the sensation, but it gradually decreased in intensity.

In the subject, too, it was possible to actually produce an artificial pain synesthesia, with varying degrees of hair length of the aesthesiometer, a rather convincing proof that the condition was produced by a physiological irradiation of peripheral pain sensations. The figures and results were as follows:—

<i>Hair length (mm.)</i>	<i>R. side (hypæsthetic)</i>	<i>L. side (normal)</i>
40	no color sensation.	no color sensation.
30	" " "	" " "
20	" " "	" " "
10	" " "	slight redness.
9	" " "	" " "
8	" " "	more redness.
7	" " "	" " "
6	" " "	distinct red sensation
5	slight redness	strong " "
4	" " "	" " "
3	more " "	" " "
2	" " "	" " "

It will be noted that the beginning of the redness on the normal side was simultaneous with the time of greatest persistence of sensation (10 mm. hair = 84.8 secs. per-

sistence). Furthermore, the synesthesia, on the normal side, could be artificially produced sooner and with a greater hair length than on the hypæsthetic side.

In this case we seem to be dealing with a peculiar and unusual type of synesthesia, in that an abnormal (or artificial) stimulation of the peripheral pain neurons stimulates at the same time, possibly through a physiological irradiation or a derailment of the pain-impulses, a sensation of color, a theory in harmony with the one I devised for the explanation of colored hearing. The fact that the synesthesia could be artificially produced by peripheral stimuli does not militate against the condition being a central phenomenon.

A PERVERSION NOT COMMONLY NOTED

BY MARGARET OTIS, PH.D.

A FORM of perversion that is well known among workers in reform schools and institutions for delinquent girls, is that of love-making between the white and colored girls. This particular form of the homosexual relation has perhaps not been brought to the attention of scientists. The ordinary form that is found among girls even in high-class boarding-schools is well known, and this feature of school life is one of the many difficulties that presents itself to those in charge of educational affairs. The difference in color, in this case, takes the place of difference in sex, and ardent love-affairs arise between white and colored girls in schools where both races are housed together.

In one institution in particular the difficulty seemed so great and the disadvantage of the intimacy between the girls so apparent that segregation was resorted to. The colored girls were transferred to a separate cottage a short distance from the other buildings. The girls were kept apart both when at work and when at play. The girls were given to understand that it was a serious breach of rules for them to get together, and the white girls were absolutely forbidden to have anything to do with the colored. Yet this separation did not have wholly the desired effect. The motive of "the forbidden fruit" was added. The separation seemed to enhance the value of the loved one, and that she was to a degree inaccessible, added to her charms.

In this particular institution the love of "niggers" seemed to be one of the traditions of the place, many of the girls saying that they had never seen anything of the kind outside; but that on coming here, when they saw the other girls doing it, they started doing the same thing themselves, acting from their suggestion. A white girl on arriving would receive a lock of hair and a note from a colored girl asking her to be her love. The girl sending the note would be pointed out, and if her appearance was satisfactory, a note would be sent in reply and the love accepted. Many

would enter into such an affair simply for fun and for lack of anything more interesting to take up their attention. With others it proved to be a serious fascination and of intensely sexual nature. This line from one girl's note shows the feeling of true love: "I do not love for the fun of loving, but because my heart makes me love." One case is on record of a girl, constantly involved in these love affairs with the colored, who afterwards, on leaving the institution, married a colored man. This, however, is unusual, for the girls rarely have anything to do with the colored race after leaving the school.

Opinions differ as to which one starts the affair. Sometimes the white girls write first, and sometimes the colored. "It might be either way," said one colored girl. One white girl, however, admitted that the colored girl she loved seemed the man, and thought it was so in the case of the others. Another white girl said that when a certain colored girl looked at her, she seemed almost to mesmerize her. "It made her feel crazy."

This habit of "nigger-loving" seems to be confined to a certain set of girls. These would congregate in one part of the dormitory to watch at the window for the colored girls to pass by on their way to work. Notes could be slipped out, kisses thrown and looks exchanged. Each of these girls was known to be a "nigger-lover." When questioned on the subject, some insist that they do it just for fun. One said that the girls would wave to the "niggers" just "to see the coons get excited."

The notes when captured show the expression of a passionate love of low order, many coarse expressions are used and the animal instinct is seen to be paramount. The ideal of loyalty is present. A girl is called fickle if she changes her love too often. "I don't like a deceitful girl," appears in one of the letters. That a girl should be true to her love is required by their peculiar moral code. "Fussing" with other girls is condemned. From one of the letters: "This morning when you were going to the nursery you threw a kiss to Mary Smith. If you care for her more than you do for me, why, don't hesitate to tell me. I don't love you because you said you loved me. I could have kept my love

concealed if I cared to. I certainly will regret the day I ever wrote or sent my love to you if this downright deceitfulness does not stop."

The penalty for a girl who is fickle or who ceases to care for her lover seems to be a curse from the abandoned forlorn one. "It was not long ago that one of your friends sent me a message saying that you didn't love me, but you didn't want me to know that you didn't, for fear I would curse you. Well, you need have no fear. I never curse any one. I have been so careful over here of every little thing I did, for fear some one might carry something back to you, that I had been deceitful. No, indeed! I am not deceitful."

There is often a reaction from this emotional type of love. Girls formerly lovers abandon each other and hate takes the place of love. The mood will change and not even friendship remains. It is at this moment that the girl may be approached more easily in the way of influencing her to abandon her excessive emotional attitude. At this moment she may be brought to realize that such love is not lasting and does her harm rather than good.

Sometimes the love is very real and seems almost enobling. On one occasion a girl, hearing that danger threatened her love in another cottage, was inconsolable, quite lost her head and called out: "Oh, my baby! my baby! What will become of my baby!" Her distress was so great that all fear of discovery was lost. She even called her name. The intense emotion dispelled all fear and anxiety for her love alone occupied the field of consciousness. Later, after suffering punishment for her fault, she wrote to a friend: "You can see by this that I am always thinking of you. Oh, sister dear, now this is between you and I. Lucy Jones asks me to give Baby up, for she tries to tell me that Baby does not love me. Don't you see what she is trying to do? To get my love back. Ah! sister darling! I might say I will give my Baby up, but ah, in my heart I love her and always shall." Again: "Ah! I shall never throw Baby down; I don't care what happens, for trouble does not change my mind one bit, and I hope it's not changing yours."

An interesting feature of these love episodes is found

in the many superstitious practices, especially among the colored when they wish to win the love of a white girl. Curious love charms are made of locks of hair of their inamoratas. One practice is for a colored girl to bury a lock of hair of the white girl she fancies and this is sure to bring her love. These practices, some of so coarse a nature that they cannot be written down, seem to be part of the system, for system it must be called, so thoroughly ingrained it is in the school life.

When taken to task for their silliness, the girls say: "Well, we girls haven't much else to think about." True enough, they haven't much of the emotional nature that they crave, and it seems they must have the sensational and emotional in some form. One girl says: "When you have been in the habit of having a girl love, and she goes away, you have to get another; you just can't get along without thinking of one girl more than another." Sometimes, of course, the relation is a perfectly innocent girlish friendship, but even here jealousy enters in.

Some interested in this phase of the school life have asked: "Isn't it true that it is the defective girls who indulge in this low emotional love more than the others?" This is not found to be the case. Many sins are laid at the door of defectiveness, but mental defect does not explain everything. The reverse might rather be said to be the truth. Some of the girls indulging in this love for the colored have, perhaps, the most highly developed intellectual ability of any girls of the school.

One may ask how this phase of indulging the sexual nature is regarded by the girls themselves. The answer will be found in the fact that there are several distinct strata of moral standards in the school. There are some girls who consider themselves a little above the rest. Among these self-considered high-class girls the "nigger-lovers" are despised and condemned. They are held as not good enough to associate with. That water seeks its own level is true even among the delinquent girls themselves. Certain sets and cliques appear, and those who are "high up" scorn the "common kind."

HOW FAR IS THE ENVIRONMENT RESPONSIBLE FOR DELUSIONS?¹

BY E. E. SOUTHARD, M.D.

Pathologist to the Board of Insanity, Massachusetts; Director of the Psychopathic Department of the Boston State Hospital; Bullard Professor of Neuropathology, Harvard University Medical School

AND A. W. STEARNS, M.D.

First Assistant Physician, Psychopathic Department of the Boston State Hospital; Assistant in Nervous Diseases, Tufts Medical School, Boston

(From the Danvers State Hospital)

THE analysis of somatic delusions, that is, of false beliefs concerning the body or organs of the patient, shows (if our Danvers autopsy material yields a fair sampling) that there is a strong peripheral element therein.²

The correlations which we can make with more or less facility between somatic lesions and somatic delusions suggest that the process of somatic delusion-formation is rather one of elaboration than of manufacture. Even the somatic delusions of general paresis itself may often be shown to be correlated with lesions of the soma; and, where the soma is negative, still the damaged brains of these paretics are likely to show a spread of lesions back of the Rolandic fissure in various sensory-elaborative areas, or even in the optic thalamus at a still more external plane in the centripetal path of sensory impulses.³ The evidence from normal brain cases and from paretics, where careful correlations are ex-

¹Being Danvers State Hospital Contributions Number 38, 1913. A portion of the expense of this work has been borne by the Investigation Fund of the State Board of Insanity, Massachusetts.

²E. E. Southard. On the Somatic Sources of Somatic Delusions. *Journal of Abnormal Psychology*. VII, 5, 1912-1913.

³E. E. Southard, assisted by A. S. Tepper. The Possible Correlation between Delusions and Cortex Lesions in General Paresis. To be published in the next number of *The Journal of Abnormal Psychology*, which is the August-September, 1913, issue.

ecuted between the particular delusions felt and the possible organic sources of these, leads one almost irresistibly to the conception of a strong, sensational, perceptual, or, in some cases, 'hallucinatory' origin for the somatic delusions in question.

Can a parallel hypothesis be erected for those delusions which primarily concern or seemingly concern the environment, whether social or not social? If the soma and its parts are often found to provide significant material for delusions concerning the soma, can we suppose that the environment, and especially the social environment, will likewise be found to provide the significant features of those delusions termed, in Wernicke's nomenclature, *allopsychic*? Can we invoke the perversity of inanimate objects to explain the misfit of various persons in their environment? Can we admit that the interests of the *Alter* are so by nature opposed to those of the *Ego*, that granting a tendency to delusions or to what may be termed the *paranoid capacity*, one social environment is bound to show sufficient cause for delusions touching said environment?

It seemed proper so to entitle our former considerations (On the Somatic Sources of Somatic Delusions) that the reader might surmise a close parallelism between source and content of delusions. Was it proper to suppose that titles like "*the environmental (or social) sources of environmental (or social) delusions*" and "*the personal sources of delusions concerning the personality*" would adequately cover the results of investigation in the *allopsychic* and *autopsychic* fields respectively?

Simple as such a one-to-one correspondence of content and source might appear, there were several reasons why the proof could not be easy.

In the first place, it is obviously not so easy to draw the line accurately between the self and the environment. Although all might agree that the self and the environment could be theoretically and practically distinguished in broad strokes, it is clear that the concept of personality is still obscure to many theorists and that the delimitation of the self is practically a matter of doubt (witness James' celebrated chapter on the Consciousness of Self).

The practical doubt as to what constitutes an allopsychic as opposed to an autopsychic delusion early appeared in the present investigation. We started, as in the analysis of somatic delusions, by choosing "normal-brain" cases, *i.e.*, cases in which the anatomist at the autopsy table failed to discover lesions of consequence in the brain, in a series of one thousand cases.

Cases without gross destructive lesions	306
Cases <i>listed as</i> showing allopsychic delusions	117
Cases <i>listed as</i> showing allopsychic delusions <i>only</i>	58

But further investigation showed that among these fifty-eight cases listed as allopsychic only, fourteen cases had to be excluded because the beliefs expressed could not be safely stated to be delusional. That is to say, medical revision of a lay classification of recorded beliefs had to exclude almost nineteen per cent of these beliefs (or statements in the histories taken to mean beliefs) from the delusional group. This error of almost one in five is the more surprising when one considers that the lay workers occupied with the original classification resorted to physicians constantly in matters of doubt, to such an extent that no one doubted that the classification would be found fairly representative of the records.

We then excluded a further group of cases because the personal histories were absent or so meager as to forbid any sort of correlation between beliefs and the patient's environment, leaving us finally with a group of thirty-one cases of allopsychic delusions for analysis.

CLINICAL AND ANATOMICAL NOTES (CONDENSED)

CASE I (D.S.H., 6,497, Path. 477): "*Acute melancholia*," feared "*could never go home*," was "*going to be buried alive*." The patient was an unmarried Irish-Catholic rubber-worker, whose mother and sisters had died of tuberculosis and, as an incident apparently in her own attack of phthisis, became hyper-religious ("*a great sinner*"), called for the priest, and finally in the hospital became quite mute.

Death from extensive bilateral tuberculosis of lungs

(chronic and acute), ulcerative tuberculous enteritis with ascites, emaciation and anasarca, and ovarian atrophy.

CASE II, (D.S.H. 7,095, Path. 503): "*Acute melancholia*," was "*to be punished for something she had done*," and had a "*sister who told lies about her*." Patient was an unmarried Catholic house-maid of ordinary mental capacity who turned from a cheerful person into a melancholic one for a period of three months, recovered, and became depressed again. Much headache. In hospital, much *praying with beads*.

Like Case I, Case II died of extensive bilateral tuberculosis of lungs (including right pyopneumothorax) and showed some abdominal lesions (ascites, cholelithiasis). Subperitoneal fibromyoma of uterus.

If not so essentially autopsychic as Case I, it would seem that Case II would hardly fit a strictly allöpsychic group.

CASE III (D.S.H., 9,678, Path. 653): A catatonic dementia præcox patient, a married Baptist woman, born in New Brunswick, although she appeared to move in a world of spirits. "*Everybody is a spirit but our body is dead*", had a well-developed autopsychic center ("*bad girl*").

This case likewise had extensive bilateral tuberculosis of lungs as well as abdominal and pelvic lesions (tubercles of ileum and cecum, eroded cervix uteri).

CASE IV (D.S.H., 4,588, Path. 272): A lumber dealer in business difficulties. "*Afraid something dreadful is to happen to family*," "*folks have died*."

Lesions: Enlarged prostate, diverticulum of bladder, pyelonephritis. Aortic and aortic valvular sclerosis.

CASE V (D.S.H., 1,434, Path. 280): Alcoholic Irish gardener of sixty-six years. "*Everyone trying to injure him*"; "*annoyed by witches*" (swore at witches for years); "*large property in China*." Cardiac (aortic insufficiency, mitral stenosis, hypertrophy); large chronic gastric ulcer; chronic peritonitis with adhesions. There is some doubt whether the brain was normal in this old case (granular ependymitis of fourth ventricle, chronic leptomeningitis).

CASE VI (D.S.H., 5,933, Path. 331): Woolen manufacturer, seventy years, occasionally blue, occasionally alcoholic,

slight shock a year before admission. "*People plotting and trying to rob him,*" "*officers after him,*" "*moved money from bank to bank,*" "*may be burned up,*" "*family all dead.*" Emaciation, abscess of leg, aortic sclerosis, basal cerebral arteriosclerosis, chronic leptomeningitis.

CASE VII (D.S.H., 12,340, Path. 978): Unmarried school-teacher, manic-depressive, developed delusions ("*people hypnotizing her,*" "*other people filthy*"; patient "*had cancer,*" made "*poor investments*" in western lands (delusion?).

Patient's brother drunkard. Previous attacks showed alternately depression and excitement. The delusion "*had cancer*" was thought to be not a genuine somatic delusion.

Chronic lesion: chronic diffuse nephritis.

Death from septic mitral endocarditis and pneumococcus meningitis.

CASE VIII (D.S.H., 11,538, Path, 993): Housewife of a worrying and hypochondriacal type, amnesic at fifty-seven, had delusions. "*People trying to poison her,*" "*to be killed and cut up in pieces,*" "*other patients telling immoral stories*" (delusion?).

Lesions: Fatty liver, fatty heart, hemorrhages in skin, emaciation.

CASE IX (D.S.H., 13,364, Path. 1,115): An unmarried shoemaker, given to worry and to dislike of children, home life unpleasant, hypomaniac at fourteen (patient at Danvers), again at twenty-eight. *Delusions:* "*People trying to injure her,*" "*people talking to hurt reputation,*" "*to be poisoned.*"

Lesions: Malnutrition and chronic dermatitis. Slight mitral and parietal endocarditis, Scars of apices. Chronic gastritis, chronic adhesive cholecystitis, chronic periappendicitis, hydrosalpinx. Dilatation of thoracic aorta. Granular endomyelitis of fourth ventricle.

CASE X (D.S.H., 3,252, Path. 151): Diagnosed "*acute maniacal chorea,*" was a waitress of somewhat alcoholic and irregular life ("*fear of pregnancy*") (delusion?), excited, suicidal. "*People trying to get father's money,*" "*parents would be turned out of house because patient was in Danvers.*" Hallucinations (people talking through ventilators).

Lesions: Pregnancy, ten weeks. Partial placenta prævia, slightly fatty liver. Death from pneumonia.

CASE XI (D.S.H., 11,394, Path. 821): Very possibly a manic-depressive case (third attack at sixty-three years after exhaustion by nursing cancerous husband). Despite delusions of "*control by an Indian doctor*" and of "*going to be killed*" or "*etherized*," "*confined*," had a considerable coloring by autopsychic factors ("*will never get well*," "*calls self an Indian*").

The chronic lesions in this case were chiefly abdominal and pelvic (hypernephroma of kidney, chronic diffuse nephritis, fibromyoma and polyp of uterus) although the chronic passive congestion of liver was associated with cardiac disease (including coronary sclerosis).

CASE XII (D.S.H., 5,970, Path. 346): Carpenter of fifty-four years, diagnosed general paresis, history of syphilis. *Delusion*: "*Some one or some animal trying to get at him.*"

Lesions: The autopsy showed instead of paresis large areas of chronic internal hemorrhagic pachymeningitis with organization over frontal, parietal and part of occipital regions. Contracture of legs, slightly aortic sclerosis, slight chronic adhesive pleuritis, decubitus, emaciation.

CASE XIII (D.S.H., 7,094, Path. 372): Housewife, with insane uncle and cousin; for some years distrustful of husband (would not trust him with bank book), "*shock*" eighteen months before admission, at sixty-five. *Delusion*: "*Clothes being taken away*," patient suffering *bad treatment*.

Lesions: The case perhaps hardly belongs in the normal-brain group by reason of marked cerebral arteriosclerosis and marked chronic fibrous leptomeningitis. However, no special lesions of the brain were noted. Cirrhosis of the liver, cholelithiasis, chronic diffuse nephritis, aortic sclerosis and aortic valvular sclerosis with calcification.

CASE XIV (D.S.H., 8,349, Path. 486): Swedish housewife, married; originally of a cheerful disposition, had mental symptoms at the menopause at fifty-one and a second attack with sleeplessness at sixty-two. *Delusion*: Patient said "*neighbors stole flowers*"; patient was "*undergoing electric shocks*."

Lesions: Cause of death pneumonia; chronic lesions, chronic obliterative pleuritis of both sides, bronchiectases

of right upper lobe, mitral valvular sclerosis, chronic interstitial nephritis, chronic gastritis, numerous fibromyomata of uterus.

CASE XV (D.S.H., 367, Path. 526): Married Irish housewife, probably manic-depressive. History of domestic trouble, attack at thirty-six (Worcester State Hospital), and at thirty-eight. Death at forty. Delusions of infidelity of husband and as to husband's attempting to get money to spend for other women (delusions?).

Lesions: Hypertrophy and dilatation of heart, chronic passive congestion of liver. Cholelithiasis, chronic interstitial nephritis. The thick and eburnated calvarium frontal osteitis, chronic external adhesive pachymeningitis, a slight degree of chronic leptomeningitis and sclerosis of the arteries at the base of the brain, with a brain weight of one thousand one hundred grams, suggest that the brain was not entirely normal, but since no lesions of the cortex are recorded, the case has been put in the "normal-brain" group. There is considerable question whether this case showed true delusions, and there is some evidence that the beliefs concerning patient's husband were at least partially grounded.

CASE XVI (D.S.H., 856, Path. 854): Unmarried Irish Catholic servant-maid of low mentality, and always eccentric character, had delusions that people were "*stealing from her*," and that people "*talked about*" her.

The autopsy indicates that it would hardly be safe to describe the brain of this imbecile as normal, since it weighed one thousand and thirty-five grams, and showed chronic internal hydrocephalus, with marked cerebral arteriosclerosis, and chronic external adhesive pachymeningitis. There was mitral sclerosis, cardiac hypertrophy and a moderate degree of coronary arteriosclerosis, the liver was slightly fatty; there were subperitoneal fibromyomata of uterus.

CASE XVII (D.S.H., 8,463, Path. 600): Swedish epileptic laborer (traumatic injury of skull, two operations with partial relief); despondency. *Delusion:* "*Followed by animal intending to devour him.*"

Lesions: Of a chronic nature, included hypertrophy and dilatation of heart, chronic passive congestion of liver,

chronic perisplenitis, and bilateral chronic obliterative pleuritis. There were ecchymoses of the fundus of the stomach and tuberculous ulcers of the ileum. Cause of death, bilateral phthisis.

CASE XVIII (D.S.H., 10,352, Path. 687): A laborer, formerly of cheerful though reserved disposition, at seventy-five years became irritable and irrational, talked to himself, and became vagrant. Failed to recognize his family, became restless and noisy, struggled and shouted "*murder.*" *Delusions:* "*Family down on him*" and "*wants to get rid of him.*"

Lesions: Chronic interstitial nephritis, slight coronary arteriosclerosis, death from hypostatic pneumonia.

CASE XIX (D.S.H., 7,690, Path. 717): Housewife of reserved disposition, stated to be "unkind and mean at home, though agreeable and entertaining to strangers"; stated to have put arsenic in beans and to have poisoned daughter. Obscene and violent and sometimes homicidal. Death at seventy-five. *Delusion:* Transient, "*every one was going to steal from her.*"

Chronic lesions: chronic diffuse nephritis, cholelithiasis, left-sided chronic obliterative pleuritis, adhesions of right lung, vegetative tricuspid endocarditis.

CASE XX (D.S.H., 10,923, Path. 756): German woman of seventy-four years, with amnesia for ten years, noisiness at night for two years, disorientation for place and time. *Delusion:* "*People come to the house at night to steal.*"

Lesions: Cholelithiasis, abscess of gall bladder, and occlusion of cystic ducts, chronic nephritis. The brain weight, nine hundred and twenty-five grams, indicates very probably that this case should be put in the group of senile atrophic dementia.

CASE XXI (D.S.H., 1,093, Path. 760): A carpenter, naturally of a melancholy and reserved disposition, said to have suffered congestion of the brain twenty-five years before death, at sixty-six; had mental symptoms for a period of three months, at sixty-two. *Delusion:* "*Wife and daughter are keeping patient at hospital in order to spend his money.*"

Lesions: Prostate enlarged, heart hypertrophied, kidneys contracted, sclerosis of aorta with calcification, moderate mitral sclerosis, and fibrous endocarditis, cataract

of right eye. Death from pneumonia, arteries at the base of the brain were sclerotic and there was diffuse chronic leptomeningitis. The brain, however, weighed one thousand four hundred and fifty grams.

CASE XXII (D.S.H., 10,787, Path. 769): Widowed butcher of sixty-seven years; cheerful, occasionally alcoholic to excess. In the forties was quite wealthy but fell into business troubles, failed at sixty-five, has become worried and melancholy since. *Delusion*: "Something he ought to tell but couldn't"; "was put in asylum to get property"; "to be killed and poisoned"; "all food poisoned"; "was defending himself in a breach of promise suit."

Lesions: Death from pneumonia; chronic lesions, emaciation, mitral sclerosis and chronic adhesive pleuritis. Arteries at base of brain were sclerotic.

CASE XXIII (D.S.H., 10,783, Path. 775): Blind, dis-oriented housewife of eighty-four years; melancholy after death of daughter. "People had ill-treated her." "If she walked about she would walk on children." Threw food about for children.

Lesions: Cardiac, arteriosclerotic, cholelithiasis, old appendicitis. Cerebellar cyst of softening would tend to exclude case from the normal-brain series. Chronic internal hemorrhagic pachymeningitis.

CASE XXIV (D.S.H., 9,975, Path. 778): An imbecile gardener, forty years, brooded over lawyer's letter for weeks. "Everybody down on him," "people chasing him and trying to kill him"; "to be taken away and killed."

Lesions: Extensive tuberculosis, probably pulmonary in origin, but extending to peritoneum, lymph nodes, liver.

CASE XXV (D.S.H., 11,140, Path. 780): Once successful shoe manufacturer, eighty-one years, of good character and ability; latterly suspicious, confused, sleepless, restless.

Delusions: "Patterns stolen."

Lesions: Cardiac, arteriosclerotic. Chronic nephritis was the only abdominal lesion. The brain was beyond question atrophic, as well as arteriosclerotic at the base.

CASE XXVI (D.S.H., 11,147, Path. 812): Somewhat inferior grocer who failed in business and became stubborn, irritable and full of *ideas of persecution* by wife

and her family (delusion?). Syphilis at twenty-five. Immoral.

Lesions: Pernicious anemia with posterior column sclerosis. Cardiac, arteriosclerotic. Abdominal lesions few, (chronic perisplenitis, slightly fatty kidneys).

CASE XXVII (D.S.H., 11,804, Path. 865): Died at seventy-one after two years of increasing dementia. *Delusions:* *Apprehensive*; "House broken into," "brother-in-law to blame."

Lesions: Death from pneumonia. Cardiac disease, with chronic passive congestion of liver. Chronic interstitial nephritis.

CASE XXVIII (D.S.H., 3,702, Path. 939): Catholic housewife, two commitments at thirty-one and thirty-four, childbirth assigned cause. *Delusions:* Jealous and suspicious of husband; "others filthy," "divine authority," "toilet filthy."

Lesions: Cardiac disease and complications. Arteriosclerosis.

CASE XXIX (D.S.H., 6,373, Path. 1,032): Alcoholic Irishwoman, forty years. "People call her bad names."

Lesions: Death from pulmonary tuberculosis. Disseminated tuberculosis of both lungs. Miliary tuberculosis of liver and left kidney. Thrombosis of iliac and femoral vein. Atrophy of left leg. Chronic external pachymeningitis, slight edema of *pia mater*, chronic adhesive pleuritis, atrophy of right optic nerve.

CASE XXX (D.S.H., 13,011, Path. 1,056): Unhappy Irish housewife. *Delusions:* Complicated delirium due to streptococcus meningitis. *Food and water poisoned.*

CASE XXXI (D.S.H., 7,280, Path. 689): An imbecile servant-maid, alcoholic, from an alcoholic family; fifty-two years.

Delusions: *Persecution.* Persistent thymus, thyroids small, brain atrophic. Ascites, ovarian atrophy.

Analysis of these thirty-one cases shows at least eight cases with a well-marked alteration of the personality recognized by the patient. All but one (a case, [V, 280] not certainly equipped with a normal brain, who alongside unpleasant yearlong delusions of *injury by witches* some-

times mentioned *property in China*) showed delusions of an unpleasant nature only. On one (Case X, 151) the *fear of pregnancy* was grounded in fact, and the case should perhaps, be counted out of our group either as non-delusional or as somatopsychic. Another (Case XXIII, 775) felt an apprehension about *walking on children*, somewhat reasonable in view of her impairment of vision, (nor is it clear whether her ideas of *ill-treatment by others* were delusional).

It would perhaps be going too far to call these eight cases essentially non-allopsychic just because they exhibit autopsychic changes. Nevertheless we are inclined to think that in Cases I (477), II (503), and possibly III (653), the delusion-formation spread, as it were, outwards from a conceived alteration of the Ego rather than inwards from a conceived alteration of society. That is to say, we should regard the delusions of these cases as essentially egocentrifugal rather than egocentripetal from the patient's point of view. Case V (280)'s late delusion of grandeur may possibly have been of brain-manufacture, and, so far as it goes, is of an egocentrifugal character from the patient's viewpoint. Case X (151) was, if delusional, in the same group. Also Case XXIII (775).

On the other hand the autopsychic delusions complicating Cases VII (978) and especially XI (821), seem to be of an egocentripetal character as viewed by the patient. That is, these two cases of predominantly allopsychic content remain essentially allopsychic even after their autopsychic complications are reviewed. The selves of these patients are, as it were, damaged by a spreading inwards of the delusion-formation (egocentripetal from the patient's point of view and possibly from the outsider's point of view).

From this sketchy analysis of certain impure cases of allopsychic delusion-formation, we accordingly obtain a method of approach in the analysis of various mixed cases which we have so far not analyzed.

We will proceed to consider the remaining group of twenty-three cases in which no certain traces of autopsychic or somatopsychic change can be found. There, if anywhere in this material, shall we be able to determine what share the environment may have had in actually producing (from

the outsider's point of view) the delusions which concern the environment.

We at once find three *imbeciles*, Cases XVI (854), XXIV (778), XXXI (689), from whom it is hard to exclude the effects of personal abnormality from any analysis of their reactions to the environment. (Possibly Case XXV [812] belongs also in this group.) In these cases we may surmise that, however little the patients may themselves have suspected it, there were being wrought in their lives certain, as it were, egocentrifugal effects, egocentrifugal, that is to say, from the alienist's point of view.

Faults of temperament are recorded in another series of four cases (VIII [993], IX [1,115], XIX [717], XXI [760]), which again argue that not the environment alone was responsible for the allopsychic delusions, but that the delusions were in some sense (though perhaps hidden from the patients) egocentrifugal in origin. Again, there is a group in which the effects are possibly due to, or complicated by, organic brain disease (of such a nature as to elude the diagnostic forms dealing with the *cortex cerebri*, but of sufficiently definite nature), Cases XII (346), extensive organized internal hemorrhagic pachymeningitis; XVII (600), epileptic with cranial trauma; XXX (1,056), streptococcus meningitis. It is of interest to note that the delusions in XII and XVII resembled each other ("*some one or some animal trying to get at him*" and "*followed by animal intending to devour him.*")

We remain with thirteen cases in which to prove our hypothesis that environmental difficulties might account for delusions of an allopsychic nature. Of these, eight (Cases XIII [272], XIV [486], XVIII [687], XX [756], XXV [780], XXVII [865], XXVIII [939], XXIX [1032]) exhibit little or nothing environmental to account for their delusions. Brain-manufacture or cortical injury to the personality might be urged in the arteriosclerotic Case XIII, the senile atrophic Case XX, the arteriosclerotic and atrophic Case XXV.

We remain with six cases in which environmental causes seem to stand in fairly close connection with the delusions. Business difficulties here stand first (Cases IV

[272], VI [331], XXII [769], XXVI [812]), and domestic difficulties next (Cases XV [526], XXVIII [939]). The business difficulties were in men; the domestic difficulties in women.

Let us admit, however, for the sake of argument, that all the thirteen cases which remain to us from thirty-one (after subtracting eight essentially or partially autopsychic cases, three imbeciles, four cases of psychopathic temperament, and three cases of cephalic disease) are all strongly influenced by the environment in the formation of their delusions, it is clear that the environment has far less to offer in the direction of delusion-production than might be expected.

A table may perhaps bring out these factors more clearly:

	<i>Cases.</i>
Danvers Autopsy Series,	1,000
Cases with little or no gross brain disease,	306
Cases listed as with allopsychic delusions	117
" " " " " " only,	58
Of these, cases in which the beliefs could not be regarded as delusory,	14
Cases with too meager notes,	13
Residue of allopsychic cases,	31
Cases with demonstrably morbid personality,	8
Imbecile types,	3
Temperamental faults,	4
Residue of truly allopsychic cases,	13
Environmental factors not proven,	8
Environmental correlation highly probable,	6

Little might a *priori* be hoped from the analysis of somatic lesions found in these cases of allopsychic delusions. If we take the selected thirteen cases of practically pure allopsychic delusions, however, we shall be struck by several features in the autopsies. The absence of chronic pulmonary lesions is surprising (Case XXIX [1,032] was the only case of death from pulmonary tuberculosis among the thirteen; another (XIV [486]) had some bronchiectases of one pulmonary lobe). The prominence of cardiac, renal, and cardio-

renal disease is striking. Ten out of thirteen cases showed cardiac disease of severe type, in several instances associated with aortic disease or with well-marked cardiac complications in other organs. Renal disease, as a rule of a chronic character, is hardly less frequently in evidence (9 in 13 cases).

The ancient maxim concerning the relatively unpleasant emotions allied with disease "below the diaphragm" comes possibly here in question. But the heart, as might be suspected from the effects of angina pectoris in particular, does not fit the maxim.

CONCLUSIONS

By choosing cases (from a group of 1,000 *cases* of mental disease *autopsied* at the Danvers State Hospital) on these grounds: (a) That the *brains* were *normal* or normal-looking, and (b) That the delusions *recorded* were purely or almost purely *environmental* (allopsychic) in scope, we have arrived at a small group of thirteen cases suitable for analysis. In addition to these thirteen cases there were eighteen others (31 in all) which had been *listed* as almost purely allopsychic in scope; but, of these eighteen, eight had to be excluded as probably autopsychic (intrapersonal) in essence, three as imbecile, four as complicated by temperamental faults, three as influenced by cranial or meningeal disease.

Of the thirteen more truly allopsychic cases, six showed close correlation between previous history and contents of delusions, but the others failed to show such correlation.

The problem at once arises whether concealed or unknown personal factors may not have had much to do with these seemingly pure allopsychic cases.

Whether delusions often spread inwards (egocentrically) or habitually outwards (egocentrifugally) becomes a problem to be studied along these same statistical lines.

The paucity of pulmonary lesions in this group and the great frequency of cardiac and renal lesions suggest further problems of a more difficult nature.

ABSTRACTS

INTERNATIONALE ZEITSCHRIFT FÜR ÄRZTLICHE PSYCHO-ANALYSE. Herausgegeben von Prof. Dr. Sigm. Freud. Redigiert von Dr. S. Ferenczi und Dr. Otto Rank. Verlag von Hugo Heller, Wien. 1 Jahrgang, 1913. Heft. 1, Januar.

Personal reasons, which need not be gone into here, have decided Prof. Freud, together with practically all his collaborators, to leave the Zentralblatt in the hands of Dr. Stekel, and to found a new journal, the first number of which lies before us. At a meeting of the Council of the International Psycho Analytic Association it was resolved to make the new Zeitschrift the official organ of the Association, in place of the Zentralblatt. The Zeitschrift has the same publisher, and two out of the three editors, in common with Imago, the non-medical psychoanalytic journal (see the JOURNAL OF ABNORMAL PSYCHOLOGY, Vol. VIII., p. 65), so that mutual arrangements can be made for the division of work; the two journals appear alternately, one every other month.

The contents of the first number comprise five "original works," a number of "communications," the usual abstracts, reviews, society reports, and bibliography, with the official Correspondenzblatt of the Association. The original articles are in order as follows: *Freud* continues his series of papers on psycho-analytic technique, the present one being on the question of how to initiate a course of treatment. As may be imagined from the fact of his being the deviser of the method, and from his extensive experience, this series is of exceptional value, and not only to the beginner, but also to those who are already familiar with the method. He here describes his personal customs in dealing with such matters as time and cost, and discusses the suitability or the reverse of various patients. It is of interest that he prefers sceptical patients to enthusiastic and credulous ones, and particularly those who know nothing of the subject of psycho-analysis. With doubtful cases he advises that a test treatment be carried out for a couple of weeks or so, a definite treatment and not a series of consultations; there is no other way of better determining whether a given case is truly a neurosis or a neurosis behind which is concealed a psychosis, a matter of obvious importance in prognosis and more difficult to decide than is generally thought. Then follow two articles by *Seif* and the reviewer on the modern psycho-analytic attitude towards the problems of morbid anxiety (see the JOURNAL OF ABNORMAL PSYCHOLOGY, Vol. VI, Number 2,

and Vol. VIII, Number 1). *Federn* publishes the first of a series of contributions to the analysis of sadism and masochism, the first being taken up with the former of these. He gives good reasons for believing that sadism is not a primary, inborn entity, as is generally thought, but a rather complex product of a number of factors; of value is further his clear definition of the conception of sadism, and the separation of it from mere cruelty and from aggressive masculinity. *Rank*, in a paper entitled "The Matron of Ephesus," gives a clever analysis of the frequently recurring story of the faithless widow who saves the soldier by placing the body of her dead husband instead of the robber whose friends have carried him off while the soldier slept. He discusses the various versions of this theme, and points out the underlying motives of it in the desire for re-union beyond the grave, etc.

The "communications" are conveniently grouped according to their subject. The first four, by Hitschmann, Oberholzer, Lorenz, and Friedjung, relate to incidents and reports taken from childhood life. The other three, by Freud, Gincburg, and Sachs, are contributions to dream interpretation; the first of these goes beyond a purely casuistic aim and clears away some misunderstandings, still frequently made, concerning the function of dreams and the relation of the wish-fulfilment to other motives.

Mrs. Sachs, a doctor of philology, has an interesting note on the question whether *psychoanalyse* or *pschanalyse* is the more correct form, one that should be unnecessary if the scientific custom were adhered to of abiding by the form given to a new term by its inventor. She naturally decides in favor of retaining the letter "o" as is always done in similar words, such as "auto-intoxication," "auto-erotic," "Anglo-Indian," "Indo-European," etc. It should be superfluous to add that in English the reasons for following this rule are even more decisive, as every one acquainted with the genius of the language is aware; even to omit the hyphen in such words in English is to commit an error, almost a solecism, in literary taste.

ERNEST JONES.

CONTRIBUTION A L'ETUDE DES SYNESTHESIES, PARTICULIERMENT DE L'AUDITION COLOREE. By G. Marinesco, *Journal de Psychologie Normal et Pathologique*, IX, 5, Sept. - Oct., 1912. Pp. 385-421.

After an historical introduction and review of the subject of colored hearing, including its appearance in the writings of the so-called French symbolist poets (Rimbaud, Marie, Baudelaire,

Verlaine), the author presents in detail a marked case of the phenomenon, together with the various theories which have been offered for its explanation. The subject was a woman, thirty-five years of age, with some neuropathic heredity, in whom the synesthesia first made its appearance at about the age of six. At this period, her own name, "Marie," was gray to her, while that of her sister, "Jeanne," always produced a sensation of blue. She would often compare the pretty color of her sister's name with the "ugly" color sensation caused by her own name. As with most subjects afflicted with colored hearing, up to the age of fourteen or fifteen, she did not have the slightest doubt but that everyone experienced a sensation of color on hearing a spoken word. At this period she heard of colored hearing and began to realize for the first time that the phenomenon was not a common one.

In this case the colors associated with words and sounds were clear and in some instances quite intense, sometimes opaque and sometimes semi-transparent. Certain words were described "as transparent as water," for example the word "Ana" was a transparent bluish-green "like an opal." The color sensations were exteriorized, usually in the form of either a regular or irregular geometrical figure or resembling cloud-like masses of color. Certain vowels and words produced merely colored masses. Abstract terms were colored more intensely than concrete expressions. It is interesting to note that certain colors were more prominent in certain languages, for instance, rose in Romanian, yellow in English, black in German and yellowish-white in French. The noise of the wind was "gray," the music of Wagner "gray and yellow," while the music of Chopin was designated as "luminous." Poetry also produced certain colors which varied according to the different poets, for instance, the verses of Baudelaire were described as "less luminous" than those of Lamartine. Within the limits of an abstract it is impossible to completely give the wide range and variations of this subject's colored hearing. A few examples are as follows: d was "yellow ochre"; l, "Prussian blue"; Paris, "indigo-blue," etc. Many of the colors of words were due to a predominance of the color of a certain letter or a mixture of the individual letters constituting the word. Colored thinking was like-wise present. The synesthesia also comprised the sense of smell, in that music gave the impression of a perfume, for instance, funeral marches produced a smell of chrysanthemums or tuberoses.

The author also records in detail a second case of colored hearing, which developed in a young man at the age of nineteen, following an acute hallucinosis. The mental attack, curiously

enough, also greatly diminished the subject's sense of taste to such a degree that he was able to take quinine without in the least perceiving its bitterness. In this subject the colored hearing was very intense. The hereditary taint was marked (a family history of psychoses, suicides and epilepsy) and a younger sister of the subject was afflicted with colored hearing for certain letters. The father of the subject had likewise a rudimentary synesthesia for music.

The result of some of Gruber's questionnaires to architects, artists, painters, musicians and men of letters are given in detail. The author then proceeds to critically examine the various theories concerning the mechanism of synesthesias and he also analyzes the essential characteristics of the synesthesias themselves. It appears that there exists no mathematical or physiological relationship or association between the different sounds and their corresponding colors. In many instances the synesthesia consists of a mixture of two or more colors, rather than an elementary sensation corresponding to the primary colors of the spectrum. The color of a word may be due to a mixture of the individual colors of the several vowels and consonants which constitutes the word. In some instances, on the contrary, a word will have the single color of the predominating hue of one of its vowels, for example, the word "Ion" in one case was designated as "yellow," because the elementary vowel "o" produced a sensation of yellow.

There are two types of colored hearing; the first or most frequent, in which a sensation of color is merely perceived, and the second, by far the less frequent, in which the colored images are intensely exteriorized in regular or irregular geometrical forms, a kind of hallucinatory colored hearing. (See the case of Lemaitre, *Archives de Psychologie*, Vol. III.) Long words seem to produce larger colored images than short words.

According to Flournoy's classification, there are three divisions of visual synesthesia, *viz.*:

1. Photisms (luminous or colored).
2. Figures (symbols or diagrams).
3. Personifications (things or persons).

Concerning the intensity of the images, Flournoy distinguishes the following various degrees: simple ideas of color or of figures (first degree); clearer images, more "felt" (second degree); clear images, localized inside or outside of the head (inferior stage of the second degree); perceptions or actual hallucinations objectively localized (superior stage of the second class, the chromatiseurs).

The author then proceeds to discuss the important question as to whether colored hearing is a normal physiological phenomenon

arising from the peculiar psychological make-up of the afflicted individual, or a pathological condition. Only a few cases have been recorded in which the subjects of colored hearing were markedly free from nervous or mental symptoms during the greater part of their lives, and developed a mental disease before death. It seems, therefore, that the synesthesias are neither pathological phenomenon nor manifestations of a so-called degeneration. The condition is probably a physiological phenomenon, whose mechanism at present is not clearly understood, as shown by the various theories which have been put forth to explain the condition. Histological and physiological data have shown that the color sensations of the synesthesias do not take place in the nerve elements of the retina (the neurones of the first order), but rather in the cortical visual sense areas (neurones of the third order). Four principal hypotheses have been put forth to explain the condition, as follows:

- (1.) Incomplete anatomical differentiation of the senses of vision and audition or rather of their cortical centers. (Embryological hypothesis.)
- (2.) There may exist special anastomoses between the cortical centers of sight and hearing, in which, after auditory perception, the visual center thereby becomes stimulated.
- (3.) The theory of nerve irradiation, in which the stimulation of one center passes over into others, varying with the individual and with the intensity of the sensation provoked. (Fechner.)
- (4.) The psychological theory, based upon the emotional value of certain associations called forth by the word or sound heard or thought. (Flournoy.)

The author is inclined to accept the psychological hypothesis, which seems to explain both colored hearing and colored thinking. The value and interest of the article are increased by the insertion of two plates, which show graphically in both form and color the various synesthesias of words and individual letters in the first subject.

I. H. CORIAT.

TRANSFORMAZIONE E SUBLIMAZIONE DELLE ENERGIE SESSUALI. By R. Assagioli. Reprint from *Rivista di Psicologia Applicata*. 1911, Vol. VII, No. 3, 11 pages.

One of the gravest errors committed by those who concern themselves with sexual problems is to consider the physical and instinctive features of sexuality apart from their emotional, intellectual and spiritual factors. Assagioli mentions a number of

writers who have accentuated the necessity of considering all aspects of sex, among them James Hinton, Edward Carpenter, and Havelock Ellis. Certain introspective notes of Schopenhauer are also quoted, showing that this philosopher was well aware, through his personal experience, that sexual energies may become transformed into creative forces of high mental order.

The investigator who has done more than any other to establish the theory of sublimation of sexual energies is, of course, Freud. The greater part of this brief paper is devoted to a popular exposition of the psychoanalytical meaning of sexual sublimation. The reader is warned against the misconception, for which the spread of Spencerian doctrines seems to be largely responsible, that psychic manifestations of a higher order are "explained" when they are shown to be, possibly, the product of phenomena of a lower order. He contends that the erotic passages in the writings of mystics, for instance, do not, after all, reveal the essence of mysticism, as certain writers believe. This contention leads Assagioli to speak of a "fundamental" diversity between phenomena which replace each other. "It is not a question," he states, "of reducing all higher manifestations to lower forms, but of studying the possible relations and transformations, without denying their fundamental diversity."

J. S. VAN TESLAAR.

BOOKS RECEIVED

A METHOD OF MEASURING THE DEVELOPMENT OF THE INTELLIGENCE OF YOUNG CHILDREN: *Alfred Binet and Th. Simon. Translated by Clara Harrison Towne, Ph.D.* Second edition. Chicago Med. Book Company. Pp., 82 and 21 diagrams. \$1.00.

AUS DEM SEELENLEBEN DES KINDES. *Dr. H. Von Hug-Hellmuth* Schriften zur angewandten Seelenkunde XV Heft. Franz Deutscke, 1913. Pp. XI and 170.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

AUGUST-SEPTEMBER, 1913

THE RELATION OF EROTIC DREAMS TO VESICAL DREAMS

BY HAVELOCK ELLIS, LONDON

EROTIC dreams and vesical dreams — as we may, I consider, most conveniently term the dreams which are associated with the urinary process — have alike been known from the earliest times. Their traces may be discovered in primitive mythologies, and they are definitely referred to by the earliest historians. But for science during thousands of years a *tabu* rested on these subjects. Erotic dreams, with everything else pertaining to the sexual life, were held to be too immoral and obscene for serious discussion; vesical dreams, with everything else pertaining to the urinary functions, too trivial and disgusting. Under this universal conspiracy of silence the most elementary facts remained unknown. It is not a century since a learned investigator of erotic dreams maintained that such dreams had never been recorded in women, and even to-day many physicians who treat nocturnal enuresis are quite unaware of the part that dreams play in this disorder.

As we know, the psychology of the sexual life is at length attaining recognition, becoming the subject of careful and precise study. But the study of vesical psychology still lingers behind. There are urological societies and journals for the study of the product of the urinary process, but for the study of that process itself on its psychic side no one has yet so much as dreamed of founding either society or journal.

Yet, if we consider it, the urinary process is even more primitive and fundamental than the sexual process. It

is based on a primary necessity of animal life, and it cannot fail to have its psychology, a psychology which we are justified in regarding as no less dignified and no less instructive than that based on any other equally important and universal function.

Naturally, indeed, we find more interest in the study of the psychology of sex, for that is not only concerned with the attractive and manifold subject of courtship but with the breeding of the future race. Yet in the early life of individuals of our own species, vesical functions and interests are even more prominent than is the sexual process. In both cases alike we are in the presence of supremely important organic functions, essential to life not only in man but in his animal predecessors during untold ages. It is inevitable that each should form the basis of a psychic system, that there should arise both a sexual psychology and an independent vesical psychology, although there are obvious reasons why the psychic side of the urinary process should be less complex and less intense than that of the sexual functions.

While the vesical psychic system and the sexual psychic system are, as we must never forget, radically independent of each other and based on absolutely distinct organic needs, there is an intimate relation, both associative and compensatory, between them. I have frequently had occasion to emphasize and explain this relationship.¹ Recently it has in some aspects been studied by others who have here followed hints thrown out by Freud.² The available material, alike for the study of the vesical psychic life and for its relation to the sexual life, is still very defective. It seems desirable, therefore, to bring forward some data which may possibly help to illustrate both the normal and the abnormal aspects of this relationship, as mirrored in a series of dreams during pregnancy.

The dreamer, now dead, was aged thirty-five at the period of this pregnancy. She was a happy wife and mother,

¹See, especially, *Studies in the Psychology of Sex*, Vol. III, "Analysis of the Sexual Impulse," and Vol. V, "Erotic Symbolism."

²I refer especially to J. Sadger, "Ueber Urethralerotik," *Jahrbuch für Psychoanalytische Forschungen*, Bd. II, 1910, pp. 409-450, and to Otto Rank, "Im Wecktraum," *ib.*, Bd. IV, 1911, pp. 51-115. "Die Symbolschichtung."

of good social position, leading a full and varied life, with many interests, but without any undue stress or strain. She was of high intelligence, and possessed intellectual, artistic and social aptitudes. There are no known gross defects in her heredity. She came of robust and philoprogenitive people who endowed her with a richly emotional life, keen sensibilities and much capacity for enjoyment, as well as a high character leading her to cherish lofty though not extravagant ideals. There were strong passions on the father's side; her mother was very cold. There were, however, no traces of conflict or self-suppression in the subject's character, for the many-sided vitality of her nature enabled her to radiate her energies after marriage into manifold healthy channels by an unusually easy process of sublimation.

At the same time she was not a robust child and had various illnesses which caused some degree of defective physical vitality. She was, however, a healthy baby, had no fits, and there is no history of nocturnal enuresis in childhood. As she had no brothers or sisters near herself in age she was often alone, though she led a healthy outdoor existence, and her imaginative life was thereby fostered.

Her earliest remembered sex-feelings date from the age of six or seven, when a little boy with whom she was playing offered to show her what the placket in front of his kilt was for. ". . . We were discovered," she goes on to say, "upon this or a subsequent occasion and threatened."¹ She remembered shortly after this playing with a little boy who was digging little wells in the soft soil.

¹EDITOR'S NOTE: With the consent of the author of this article I have made use of the editorial privilege to modify the phraseology of some passages of the letters written by the subject of this study, describing the experiences of her early life, and also certain of her dreams. A few passages have been either omitted or, where they seemed to be necessary to the argument of the author, summarized and printed between brackets. One dream has been entirely omitted. Such changes have seemed to be necessary for publication. They have necessitated a few corresponding changes in the comments of the author. To change the language of the subject in psychological studies is always ticklish business, but I trust no violence has been done to the data upon which the author's conclusions rest. Whatever criticism may be directed upon such editing, I desire to take wholly upon myself.

"We hunted for worms to place in the wells, which the little boy filled with urine. But I only remember the interest with which I saw the worms wriggle and cannot recall seeing the child perform the act, which should have aroused interest, as it was probably the second time I had seen it done, and, as well as I can think, the last."

When about nine she stayed in a house with a girl and boy who were somewhat younger. Both seem to have been given to sexual play. The girl's desires were distasteful to her, but it gave her pleasure to watch the boy. ". . . He was a Rubens cherub, all golden and brown, and I never forgot the picture."

Soon after this she invented a day-dream which she played in imagination for many years, at least until, and probably beyond, the age of puberty. "I built up a town where freedom between men and women existed, but it was altogether in regard to urinating that the orgies were pictured. This act was a pleasure as well as a religious ceremony, and I reveled in inventing new ways and devices whereby these exhibitions were made more inviting. All my pleasurable sensations were connected with the bladder." It is unnecessary to emphasize the significance of this pseudo-erotic ideal in the vesical psychology of early life.

It is not an ideal that appeals to all children. "I ventured once," the subject wrote, "to tell a little girl, with whom I had now to play, something of my town. But she was shocked, and that hurt me." . . . [The pleasures of her day-dream she seems to have carried out in actual practice, or, if that were not possible, to have indulged herself in highly imaginative longings.]

She had other day-dreams in which the emphasis was all on the phallus and the urinary element had receded. [She writes a detailed account of one of these day-dreams in which this is conspicuous.] It must be added that at this time, and up to the full establishment of puberty, she was ignorant of the sexual functions of either sex.

During this period, before puberty, various girls of her own age made sexual advances, but this was not agreeable to her, and she never fully entered into any sport of this kind. She preferred her own dreams. Unlike the other

girls, also, she could not bear to expose herself in the presence of other persons, though, at the same time or a little later, she had occasional unfulfilled impulses of self-exhibition in pretty underlinen.

At the age of thirteen (a period when she was suffering from nervousness, depression and loneliness) she began to menstruate. The facts of the sexual life now first became known to her. She also began to experience acute sexual desire before the onset of the periods.

It was at this time that she began to become liable to voluptuous dreams which she could not exactly recall, except that she often seemed to be possessed by a vague and monstrous being. During all her girlhood she would awake as in ecstasy clasping her own body as if it were that of an imaginary being and moving herself rhythmically. (This evidently continued, it may be noted, after marriage.) She was sure, when she came to recall these experiences carefully, that such transports were often induced by a full bladder. Sometimes — this was always about the beginning of the menstrual period — she seemed when she awoke to be suckling a baby. She herself noted it as a significant fact that it was always a boy baby. This dream lasted through life.

She now became ashamed of her vesical day-dreams; moreover, "during the next three years I was interested and occupied, and I did not have as many day-dreams as formerly." Not only had definite sexual desire become established, but at the age of fifteen she was initiated, in an entirely beautiful manner, through the study of botany, into all the secrets of reproduction. It would seem, however, that the vesical day-dreams had merely fallen into the background of consciousness; although less indulged and now replaced by a stronger interest, the feeling of shame had not sufficed to destroy their powers of giving pleasure. Perhaps they had fallen less into the background at puberty than she herself came to believe. This is suggested by her remark on another occasion: "I realize that, had I not, at a fairly early age, fallen in love and led thereafter a normal sexual life, I might have cultivated the art of urination, for its own sake." The more, as she herself

observed, she tried to recall the impressions of her early sexual life the more she realized what an important part the bladder had played. It would seem, however, that urinary images had little part in her erotic dreams. She could not give details on this point; "Such things do not impress themselves upon my mind now because I realize their import and I can scarcely remember them in the morning." But, so far as remembered, her adolescent erotic dreams were neither of urination nor coitus. "I do not believe urination played a part in my dreams and unconscious thoughts," she wrote of this period, "but I cannot definitely say so. I cannot recall them so as to describe them further than that sometimes a powerful form seemed to possess me."

It is a highly significant fact that at least as early as puberty — she could not speak more definitely — the subject became aware that she secreted an unusually large amount of urine; this continued throughout life. She also regarded her bladder as unusually large and unusually sensitive, and she believed that the connection between the bladder and the sexual organs was in her case perhaps unusually intimate. Her erotic dreams before marriage she closely associated with a distended bladder; the association seemed less close after marriage, doubtless disguised by the normal sexual life she led.

But the bladder continued to play a part in psychic life during adult years. "I some years ago discovered for myself that a slightly distended bladder increased the excitement conducive to intellectual work of a creative kind. I have of course noted that a full bladder increases sexual excitement. . . . Any form of auto-erotism is, however, detestable to me and such indulgence would therefore be impossible. I may say, however, that in itself a slightly distended bladder is always gently exciting, and the act of relieving it is perhaps more of a pleasure than the discharge of any other usual function."

While, therefore, puberty led to a recession of the vesical phantasies, it by no means eliminated the vesical element from psychic life. That element was, indeed, fostered by the tendency to polyuria which necessarily

both heightened the pleasure of urination and increased the pressure of the bladder. But this vesical psychic interest was henceforth consciously subordinated and controlled.

During adolescence she was admired by various men but she held them at a distance, for, as is usual with people capable of strong passion and deep attachment, she had no inclination for trivial flirtation. She was consequently regarded as cold. But she admired various men in secret. From the age of fifteen to seventeen, also, she loved a woman some years older than herself with the passionate absorption of her whole soul, though she was shy of revealing the extent of her love to its object. There was no definite sexual excitement associated with this adoration, which was, however, of a very jealous kind.

From time to time she continued to suffer from periods of unsatisfied sexual tension, and at the age of seventeen or eighteen she spontaneously discovered the act of masturbation. She was shocked at her own practice, which never became a frequent indulgence, for about this time she began to use a vaginal douche for menstrual pain and this proved an agreeable solace which replaced masturbation.

At the age of eighteen she met and fell in love with the man whom a few years later she married. After that, whatever external trials she encountered, there were no sexual troubles or difficulties; the marriage proved throughout entirely happy and congenial.

The foregoing summary of what seem to be the chief relevant facts in the subject's early life may suffice as an introduction to the dreams now to be presented. The record began with the fourth or fifth month of pregnancy, which occurred at an interval of many years after the previous pregnancy. Her attention was now, for the first time, at my suggestion, fixed on her dreams. This attention, as she herself spontaneously noted, seemed to have no effect in rendering the dreams more frequent or in changing their character.

This dream, therefore, which is the first of this series, was really the fourth erotic dream of the pregnancy. All the dreams are presented in the subject's precise words, with her own comments included.

DREAM I. August 26. It may be noted, in order to explain the material of which this dream is built up, that (1) the evenings previously the subject had been discussing the emotional effects of poetry with an acquaintance who mentioned that her sister, under treatment for a nervous disorder, was compelled to refrain from reading poetry because of its effect upon her nerves; (2) during several previous nights she had seemingly been awakened by lines of poetry running through her head, and had even got out of bed to verify some of which she was not sure; (3) she had the day before spoken to her brother-in-law, just returned from a journey, of the death of a very remarkable cat during his absence. "This was a strange animal and uncommonly luxurious in his tastes. At night he went to bed with the children. When he desired to be fed he became so insistent that he caught at our dresses and untied our shoelaces and threw himself in our way. He was ever eager to be fondled and would cry and twist as if in pain, and when noticed behaved with voluptuous grace." (4) This brother-in-law slept in a large antique four-posted bed, while she herself preferred a simple low bed; (5) the previous evening, when dressed for a ride, she threw off her jacket while waiting on account of the heat and lay on a lounge; her husband, thereupon, came in, sat beside her, admired her arms and kissed them. This gave her a glow of pleasure, but no excitement, and her husband, also (as he told her next day), had experienced no sexual excitement.

"My dream began by bits of verse running in my head. I cannot recall it clearly, but it was old poetry, some isolated phrases I have always liked from Donne and this from Campion:

"But still moves delight,
Like clear springs renewed by flowing,
Ever perfect, ever in themselves eternal."

(I had read no Jacobean poetry for years.)

"Then I said to a man whose face was partially turned toward me and who seemed buried among manuscripts and books: 'Once I made a parody on "To Dianeme."'

I said this in a flippant way, as though I were trying to cover a fault.

"After a pause during which I grew more uncomfortable, he turned and said sadly, 'That was sacrilege.' This man seemed like an accusing conscience, but his look of reproach was soon transferred to the cat waiting to be fed. Its eyes had become large and human, but the tail had a humorous twist very like the cat that revealed the knavery of him who stole the tarts in the Caldecott picture-book. After having given the cat milk and regarded its usual graceful airs, I said something apologetic to the man in the matter of my lack of taste, adding, 'I have a copy of Shakespeare's sonnets in my hand and it is a *good* edition.' I handled the familiar fragrant leather covers [no sexual association with the odor of leather, as she explained later], and the pride in my book comforted me for the misery I felt about the parody.

"Then I went to the high four-posted bed where my husband had already retired. I was irritated because I had to sleep there and the discomfort of climbing so high was very clear. I had the book of sonnets in my hand and, perceiving my companion to be in an indifferent mood, I turned on the light and began to read. My eye took in

'When to the sessions of sweet silent thought,'

not line by line, but the whole thing at once, — a weird sensation.

"I felt provoked to remain unnoticed and, feeling excited myself, I thought, 'If this keeps up, I can't stand it. I believe he is becoming impotent. I shall have to get satisfaction from somewhere.'

"At that moment he began to kiss me and stroke my arms and my delight was but increased by my surprise.

"Yet, feeling he must be less desirous than I, I commenced to fondle and arouse him further. This I was unable to do, for I cried out that if I were not gratified at once I should have hysterics. . . .

"At this crisis I awoke to find myself in the unhappy condition of having a distended bladder.

"As far as I can tell, I have never dreamed of sexual

intercourse with any definite man but my husband, and among the mass of unpleasant incidents it is at least agreeable to know my dreams have nothing in 'the irregular and uncertified line,' as the Romany Chi expressed it."

This may well be so, but it is clear that other men besides her husband played a vaguely accessory part in the erotic imagery of her dreams. That is to be expected in the erotic dreams even of the most wholeheartedly faithful wife or husband and must not be taken as having any profound significance. In this respect erotic dreams correspond to erotic reverie in the daytime. A woman in her erotic day-dreams may experience sexual excitement (whether or not followed by masturbation) in connection with the figure of an attractive male acquaintance who is not in love with her, with whom she is not in love, with whom she has never had or even desired to have any intimate relations, and while she is all the time in love with another man.

This dream well illustrates how the original vesical impulse (indicated by the lines referring to the flowing stream) arouses an erotic impulse which becomes predominant and draws to its service all recent related mental imagery, here, notably, first in the form of poetic sentiment,¹

¹Shakespeare's sonnet XXX runs:

"When to the sessions of sweet silent thought
I summon up remembrance of things past,
I sigh the lack of many a thing I sought."

"To Dianeme" several of Herrick's most delightful lyrics were addressed, and it is not clear to which the dreamer here referred. One of these has a definite urinary allusion, rare in poetry:

"Show me that hill where smiling Love doth sit,
Having a living fountain under it."

Another contains the lines:

"O, Dianeme, rather kill
Me, than to make me languish still!
'Tis cruelty in thee to the height,
Thus, thus to wound, not kill outright;
Yet there's a way found, if thou please,
By sudden death, to give me ease."

Campion's lines are from the lyric, "Rose-checked Laura, come," in *Observations in the Art of English Poetry*. It is remarkable that they should have been reproduced so accurately if they had not been read for years.

and then in the image of the cat, which had clearly impressed the subject in waking life by its curious simulation of erotic emotion. The cat may, in any case, be regarded as an erotic symbol, while milk is everywhere a symbol of semen.

It is also interesting to note how the growing sexual excitement of the dream is accompanied by a growing sense of confusion, of apology, even of sacrilege, although these feelings are dislocated from the sexual phenomena to which they seem to belong and attached to a trivial misdeed, the parody of Herrick's poem. A look of reproach, it will be noticed, is turned on the innocent cat, evidently a symbol of the dreamer's erotic condition, waiting to be fed. This feeling of guilt may perhaps be connected with the fact that the dreamer is, at the same time, imagining herself in her brother-in-law's bed, although dreaming that she is with her husband; there is probably some significance in the insistence on the "*good*" edition. In one of the subject's early day-dreams there was a somewhat similar blending of indulgence and disapproval.

DREAM II. September 16. "Yesterday I had a very slight headache for which I was unable to account. . . .

"After I was in bed my husband, who is occupying a room in a remote part of the house, came into my chamber to get some clothes. After having performed several little services for me, he merely called out a "good-night" as he left the room. The character of the parting of lovers who are accustomed to regard the night as ill that severs those it should unite, caused me to think of something I intend writing you in an attempt to controvert your remark about the benefits of separation. I commenced to form this letter in my mind, asserting my belief that an artificial separation is unnecessary when children are allowed to come to married people, since the enforced bodily separation during pregnancy seems sufficient. There is a spiritual rebirth and a renewal of love which comes with the first cry of the child and this seems a contribution of nature toward making monogamy tolerable.

"I continued my imaginary letter until I fell asleep. I awoke about one o'clock. I usually awake about two and warm myself a dish of cocoa. I try to avoid this when

I can, and on this occasion I merely drank a full glass of water and urinated. At two I awoke from my dream.

"The dream was very chaotic but I will recall all I am able.

"My first recollection was wanting a cigarette. I should state that I have not smoked a cigarette in some six or seven months and then but occasionally. I only indulge when I am enjoying a long evening of conversation with my husband or one of the two or three men who are close friends and who are smoking. I like them, though, but forbear, just as I do from wine, tea and coffee, which I almost never allow myself. I suppose it is because these things are seldom used save in the company of the men I am most attached to, that they have a slight — a very slight — suggestion of sexual attraction.

"So, then, I wished for a cigarette and, not being able to find one, I thought, 'Dr. Ellis will give me one.' Quite as I desired, I felt on the floor beside the bed and found an entire box. Then I got out of bed and began not to walk, but to *float* (in a perpendicular position) less than a foot from the floor. I floated out of my room on to an open balcony that adjoins it from which I viewed the misty night landscape. Then I floated into the bathroom where my husband stood nude in the moonlight. His skin is exceedingly fair and I have always thought the flesh of his arms and breast very beautiful, with the blue veins showing under the delicate covering. I admired him as I floated in, the moonlight striking on his breast and shoulders. (I am quite sure in these dreams his face is always obscure if not in shadow.) I floated beside him and put my arm about his shoulder wondering that, owing to my noiseless entrance, my embrace did not startle him. The contact of the flesh excited me. . . . [Here followed certain details.] Then I awoke. . . . I turned on my side that the change of position might dispel the dream. I became conscious of a bladder full but not uncomfortably distended. Regretting I had not taken nourishment before and remembering that the glass of water had probably filled the bladder, I arose and warmed the chocolate. I was very hungry.

"I think there might have been other causes than a

full bladder contributing to the dream. There must have been some congestion, for my feet were cold, my head and hands hot, and I afterward had a severe cramp in my leg.

"At seven A.M., my temperature was 97.9 and it had been normal or very slightly subnormal all day."

In this dream the vesical impulse was evidently not strong and constituted merely a contributory cause, as the subject herself recognized in pointing out that there was probably an element of pelvic congestion associated with the cold feet. Possibly it was owing to the absence of any great amount of bladder distension that sexual excitement failed to reach the orgasm.

The conspicuous part played by the cigarette in this dream cannot fail to be noted. It is now recognized that the cigarette may sometimes be a sexual symbol. The subject in the present case more reasonably suggests that the slight sexual suggestion of the cigarette in her mind was due to its association with the idea of familiar intercourse with husband or masculine friends.

It may further be noted that there seems to be a trace of what the Freudians term *Uebertragung*, the transference here being, however, to a person whom the dreamer had never seen.

The imagery of floating then enters the dream. It has been too hastily assumed that floating or flying in a dream generally indicates a sexual wish. It may well be, however, that it has that significance in the present case, for, as we see, the act of floating serves here to bring the dreamer into a definitely erotic situation. The subject was not liable to dream of flying, though in youth she had had dreams of falling.

During this month, it may be noted, the subject was, on the whole, in excellent condition. "I am feeling well and very happy," she wrote, "and I hope to produce a god."

DREAM III. October 5. "Last night I had a dream which was of a sexual character, but it was not marked by any outward manifestation of excitement. When I awoke I was physically entirely passive but the bladder was distended.

"The dream was in retrospect and the passionate

mood was as something that had passed away. I dreamed it was morning (but it was not the present time), and I was relating to my husband how I had suffered through the night from erotic feelings, that I had hesitated to arouse him, sleeping in another room, and how I had tried various means to gratify myself. He replied that he, too, had been restless, etc. In my dream I reviewed the attempts I had made to allay my passion but I cannot recall more than one. Yet this one is interesting. [She dreamed that she made use of the same natural method of external pressure as she had used in childhood (with pleasurable effect) and which is a natural tendency in her sex to restrain under excitement a full bladder. Intense excitement, physical and mental, followed in the dream.] This well illustrates the close sympathy between the bladder and the sexual organs in woman and is a case of the function of one organ symbolizing that of another, the contractions of a distended bladder no doubt suggesting the contractions of the sexual organs under excitement."

There seems no occasion here to add to the subject's own sagacious comments. This may be said to be predominantly a vesical rather than an erotic dream, the sexual imagery being here a symbol of the real vesical tension. There was no real sexual excitement.

DREAM IV. October 7. "Two nights after the first October dream, I had one of slightly sexual character. There seemed to be no emotion experienced on my part. In the dream, my husband came to me and told me he could not endure this enforced abstinence, etc. I could remember very little of the dream when I awoke, except he seemed petulant rather than excited, and that it seemed impossible for us to be alone together, the house being full of people. The bladder in this case was but slightly distended."

This is a wish-dream of simple type. It may be said to represent the erotic dreams in the earliest and most elementary form, not yet developed to any emotional activity. As is usual in dreaming the impediment to the fulfillment of the wish is disguised; the house full of people,—in reality the womb filled by the child.

DREAM V. October 11. "I had an interesting dream but unpleasant to remember and to tell. I was in a woman's large tailoring establishment. Counters of woollen goods were displayed and a number of women were being fitted. I chose and had cut and tried on a black and white shepherd's plaid of small pattern.

"This place melted into an establishment, also full of women, which seemed conducted for the sexual gratification of its customers. It had none of the character of a brothel and no Oriental atmosphere. It seemed as business-like as the tailoring establishment. I saw but one of the women. I was led upstairs into a bedroom. On a wide bed was a man, small, withered and very like an automaton, who was evidently the property of the woman occupying the chamber. He was offered me, but I waved him aside, saying that I could not endure to have him near me, that his presence made me fairly ill. He therefore crouched, almost fell to pieces as though he were made of wood, in one corner of the bed. I should have said he was fully dressed, partly bald and made no effort to attract. The woman, who lay on the bed, was large of frame, but not coarse, neither young nor fair and certainly business-like. I felt or expressed an erotic desire. . . . [Homosexual relations followed.] I at once awoke to find certain erotic physical manifestations such as might be due to pressure and the bladder much distended.

"I suppose it is folly to attempt an apology for such utter depravity as this dream would indicate. I realize I am not responsible for inherited tendencies and I believe we all have homosexual desires which might — under certain circumstances — be aroused.

"Yet I have not cared much for the companionship of women and for close contact, never. No woman has ever been able to inform herself of any facts of my private life. The common and innocent intimacies of girlhood made little appeal, and confidences of older women have ever been detestable to me. Yet beauty in women makes a strong appeal and even — on the stage — has, I think, excited me sexually, and once, I am sure, off the stage. Usually, though, it is difficult for me to make a proper show of cordiality to women."

The interesting feature of this dream is certainly the emergence of a homosexual element in an entirely normal subject who was quite unconscious of possessing any homosexual tendencies, though as a girl she had cherished a passionate non-physical adoration for a woman. It has sometimes been maintained that a homosexual dream infallibly indicates a homosexual tendency. Careful observation shows, however, that this is a rule to which there are many exceptions.

The opinion has long been held (Max Dessoir, etc.) that the sexual tendencies of children are undifferentiated, and a homosexual trace would be regarded by Freud as the revival of an infantile character. It is perhaps in favor of such an interpretation that the active and aggressive part played in this and some other of the dreams by the feminine dreamer is certainly a childish characteristic and has been noted by Bell and others as marking the sexual manifestations of little girls. The subject herself clearly recognized this as true of her own childhood; she wrote: "It seems worth while to remark that in the dreams I have recorded I seem to take the aggressive part. It was so in the sexual impulses of childhood. My clitoris then seemed a sort of penis with which I wished to act." It may be recalled that even in her adolescent years the paper penis she once made and wore seemed to be an organ that belonged to herself.

I may add that the subject's comments on this dream are entirely concordant with the attitude of a large number of reserved and feminine women, not only as regards the difficulty of intimacy with other women, but also as regards the sexual appeal of beauty in women. This is not the manifestation of a homosexual impulse (although it is of course, strongly felt by inverted women) but is due to the fact that womanly beauty and grace have become the general symbol of sexual fascination, a symbol, therefore, by which women themselves are to some degrees affected, however normal they may be. In such a case the feminine onlooker may be said to be sympathetically excited by the emotions expressed, rather than carried away by any masculine desire to possess the person expressing these emotions; she identifies herself with the attractive woman and not with the man who desires that woman.

DREAM VI. October 17. "I dreamed of riding in a motor car with a man of whom I am very fond. He does not attract me sexually in the least.

"We were stopped by a common friend who is a musician. I complained of a headache and the man with whom I was riding drew my temples against his cheek, saying this always cured my headache. I was much embarrassed that he should do this before our friend. Moreover I did not care for the contact of his flesh, although I felt I had liked it on other occasions.

"Apparently there was a period of dreamless sleep before I found myself seated alone in a swing which is suspended from our garden veranda. It has just occurred to me that I have spent many evenings in this swinging seat with the man I was with in the dream motor car. The connection did not strike me until now. The dream was very fantastic. I rocked gently in the swing and urinated, the water forming a fine spray which whirled as fountains sometimes do. The spray went far away from me and there was something ethereal about it, for I remarked it did not in the least wet my clothes. My skirts seemed to open out in a flowerlike manner to allow the fine stream and mist to play."

This dream (which opens with an association between riding and headache not uncommon in dreaming) interestingly illustrates the frustrated or accessory part frequently played in this subject's dreams by men other than her husband. Slight physical contact is initiated with the friend, leading to a sense of embarrassment which is attributed to the presence of another friend. The erotic process is now developed (the friend still playing a part, now become latent) by the introduction of the swing. The act of swinging actually tends in some cases to produce sexual excitement and (as I long since pointed out) swings are associated with erotic festivals in various parts of the world. We know, moreover, that the present subject, even in her adolescent days, would awake from erotic dreams finding her body in rhythmic movement. We hazard little, therefore, in concluding that the swing is here an erotic symbol. But the process is carried still further. The rhythmic motion of

swinging culminates in a forcible act of urination. This may fairly be regarded as here the symbol of orgasm. The dreamer omitted to mention any notable distension of the bladder on awakening, the omission, as she subsequently explained, meaning that no such distension was present. There is, therefore, no reason to suppose that the imaginary act of urination here sprang, as is often the case, from a vesical impulse. Moreover, I am acquainted with cases in which normal men, when the sexual orgasm is occurring during sleep, dream that they are urinating, and that the urinary stream is of great volume and force, although these men have no sexual association with the act of urination in waking life. (In this dream we see, too, that the urinary stream had a forcible and fountain-like character, which may perhaps serve to support the contention of Sædger that the urinary stream furnished the idea for fountains.) We know, moreover, that our present subject in early life felt a profound and quasi-sexual interest in urination. It is reasonable to suppose that that interest here reappears, and the reason for its reappearance may not be obscure; the faint sexual emotion aroused by the male companion in the motor car is thus enabled to discharge itself symbolically, without moral reproach.

We see here a process the reverse to that displayed in Dream III. In the earlier dream the sexual imagery may be regarded as a symbol evoked by the vesical impulse; in the later dream the urinary imagery is a symbol evoked by the sexual impulse. This relationship between the two spheres, of which either may be primary, corresponds exactly with what we know of the sexual and vesical activities and their mutual relationships during waking life. It is a fact that in young girls sexual tension is sometimes relieved by urination.

At the end of the month the subject writes: "This closes the account of erotic dreams for October. At about the period of menstruation, I suffered considerably from inflamed ovaries and congestion and nervousness, but the dream of the 17th shows the only depression noted in my sleep."

DREAM VII. December 16. "I dreamed I saw a

roman dressed for the evening in a frock of my own. It was of blue silk and fashioned in a surplice effect to disguise my figure at the present time. I wear with it a net yoke. The woman had discarded the yoke and thus made of it an evening dress. As I looked I saw the draped front was fastened so that a portion of the right breast and all the left breast were exposed. I thought, 'Why, that is *my* breast!' Then I noticed her hair. It was my own. The identity of the woman, however, remained intact. I approved the color scheme and noted the effect of the blue upon the hair and how the dark red nipple stood out, accentuating it as a jewel might. I was highly pleased. Then I noticed that the gown was open lower down. . . . [And the dreamer noted that the vision personality had made an esthetic sexual toilet.] Then I awoke.

"My bladder was, as usual, full."

In this dream we see the usual gradual progression toward an erotic climax which is never quite attained; the vision, at first dim and shifting, is, as it were, even more and more definitely focussed on the central point of sex.

It can scarcely be described as a homosexual dream. It evidently represents a manifestation of Narcissism, all the more interesting as the subject showed no marked tendency in this direction during waking life, beyond an evident admiration for her own good physical points, especially hair and skin. As so often happens in dreams, what was merely germinal in waking life developed in sleeping life.¹ The advantage of this dream process is that the dreamer is thus enabled to enjoy her own beauty to the utmost, without scruple or reserve.

There were no further dreams in December or indeed any unquestionably erotic dreams at all during the remainder of the pregnancy. "I have been awakened many times by pressure from a full bladder," the subject wrote towards the end of December, "but the dreams have not occurred. I am glad to know that writing them does not induce their

¹Otto Rank, in his study of Narcissism (*Jahrbuch für psychoanalytische Forschungen*, 1912) brings forward a somewhat similar dream in which the dreamer sees a portrait of another woman which she recognizes as really presenting her own features in a favorable light.

greater frequency." At this time the subject was becoming more disinclined for the effort of writing. Most of her time was now spent lying down. She also, for the first time, became vaguely apprehensive of danger in the termination of the pregnancy.

The last dream recorded was not regarded by the subject as belonging to the erotic series at all. I have thought best, however, to include it, as opinions may differ on this point.

DREAM VIII. January 23. "I dreamed of walking in a garden enclosed by a wall. There was but little shrubbery. A naturalist and his assistant were collecting specimens and it was assumed that I should assist them.. The impressions of our work are vague. After a time I saw snakes of the usual size with their heads against the wall where green things grew. The bodies extended into the clear spaces and they lay straight and still with stiff, pointed tails. I was expected to pick them up and place them in jars which the men carried for that purpose. This I could not summon courage to do. I excused myself, saying, 'But my father could do it. He did not mind picking them up by the tails at all.' Then I awoke. I do not know whether I arose and drank a glass of water or whether I merely thought of doing so. At any rate, I fell asleep at once again and dreamed of taking up a glass to drink which, instead of water, was filled with a thin, writhing snake.

"The intestinal disturbance was marked. For some days I had been troubled — due, perhaps, to warm weather and my own increasing inactivity — with intestinal indigestion accompanied by slight headaches and loss of appetite. Disliking particularly at the present time to resort to drugs, I concluded, after the dream, to do so and since then I have been perfectly well.

"An interesting incident of the dream is the allusion to my father, who has been for some years dead. When I was, I think, eleven, possibly twelve, he was one evening about sunset working in his garden. I was going from him into the house. He called he had something for me, and, turning, I saw a long angleworm which he had hung across his forefinger. I shuddered and ran from him, crying hyster-

ically for a long time. I believe I then realized that my former childish admiration and interest in snakes and worms had turned to loathing. It is odd that an event of twenty-three or four years ago should be so casually referred to in a dream."

It may be added, however, that this definite revival of a forgotten incident from childhood supports the conclusion, suggested by some of the earlier dreams, that we have here been frequently concerned with the re-emergence of infantile ways of thought and feeling.

"I have come to think," the subject continues, "that intestinal disturbances, in women at least, tend to arouse erotic thoughts, if not erotic dreams, just as bladder pressure seems to do. From personal experience and inquiries put to others, I believe there is a connection between snake dreams and intestinal indigestion. I think that women have these oftener than men. (I have more than once wondered if the snakes seen in dreams caused by indigestion, are not really the intestines made visible. This idea I had considered too fantastic to speak of to any one until I heard of autoscopy.) I had, however, had no snake dream for—I should think—more than a year, and certainly not during the last nine months."

It is noteworthy that though the subject thus associated indigestion with snake visions, and both with erotic impulses, it never crossed her mind that this dream might be erotic. Yet the dream has in it imagery—the stiff snakes that are to be put into jars, and the emotional excitement accompanying this operation—which suggests a sexual significance.

As the subject in this case happened to be specially interested in the psychic significance of the snake, it may be worth while to quote some of her experiences and feelings in this connection. "That the phallus in the process of erection is like the swelling of an angry adder," she wrote, "I suppose everybody has suggested. It surprises me, however, to find no mention of the resemblance between the movements of the serpent and of a woman in the transport of the sexual embrace. The movements of the Oriental dances, which have for their object the stirring of the

passions, must suggest these sinuous movements of the reptile and, to those who have seen snakes mating, the entire enwrapping of the man by the woman must at once occur.

"I had a dream, years ago, which seems to me significant. I saw a woman lying on the floor of the palace of an Oriental king. She was endeavoring to arouse the passion of her lord, who sat in a remote part of the hall. Slowly, by twisting her body one way and another, she worked her way toward him, while he bent toward her, hypnotized by her sensuous grace. I have thought there is a certain resemblance to the perfect stillness of the serpent before the strike and the attitude of a woman who is being wooed. Suddenly she darts out her arms and smothers the man in her embrace.

"I have for long pondered over what seems to be evident, the growth of the fear of serpents with the coming of puberty. I remember, when about six years old, of thinking snakes were pretty, and once, finding one dead in the road, offering to pick it up and pet it, but an old man, who was my walking companion, told me it would not be dead until sunset, which mystery added another fascination. I cannot trace my change of feeling, but the horror of crawling things grew upon me until it obsessed me. When I was about eleven, I had hysterics because an angleworm was held up to view. Snakes haunted my dreams and I suffered tortures at the thought of them. I was told that this horror would be diminished if I ever killed one and this I managed to accomplish when I was about eighteen. When I found how easily they were disposed of, I did somewhat overcome my loathing, and now, when meeting them in a state of nature, I am little affected. I am made almost ill, however, if they writhe. Just darting about, a bright spot of color amidst the green, they seem a part of the serene landscape."

These remarks by a single subject may alone suffice to show that the question of the psychic significance of the snake is somewhat complex. To assume that whenever the snake image recurs to the mind we are in the presence of a symbol of the phallus reveals a crude and childish

conception of symbolism.¹ There is a case of a man whose first and most vivid memory in early childhood was of finding a brilliantly colored dead snake. In such a case we can reasonably evoke no sexual associations. The snake, by its shape, its color, its behavior, its method of progression, the halo of terror due to its frequently venomous character, would always be a highly impressive object, even if the phallus had no existence, and sexual symbolism were altogether excluded. Any one who in a snake country is suddenly confronted by a hissing snake finds no need to invoke any sexual associations in order to explain the impression he receives. The snake is a natural phenomenon with a highly complex impressiveness on the human mind. Its sexual symbolism, while undoubted, and definitely met with in very varied parts of the world,² is far from exhausting all its significance.

Before setting down a few general considerations regarding this series of dreams, it may be well to refer to a point which, though psychologically extrinsic to the dreams, has a direct bearing on their interpretation: I mean the question of menstrual periodicity. The subject herself was at first inclined to consider that there was a tendency to such periodicity, and that at least two of these dreams occurred at a menstrual date, one of them (II) taking place with the appearance of certain familiar menstrual molimina. If a strict menstrual periodicity were demonstrable it is obvious that vesical stimulation, or or any other influence extraneous to the physical generative system, must play but a very accessory part in the dreams.

The last menstrual periods previous to conception occurred on the third of February, third of March, twenty-ninth March, and twenty-third April; they were thus somewhat irregular. The dates of the dreams, from the time that they began to be noted, were: July 19, August 26, September 16, October 5, October 7, October 11, October 17, November 21, December 16 and (if we include the snake dream) January 23.

¹We need not on that account doubt the reality of such symbolism in many cases of snake imagery; some good examples are given by Maeder, "À Propos des Symboles," *Journal de Psychologie Normale et Pathologique*, Jan.-Feb., 1909.

²See e.g., Appendix to *Studies in the Psychology of Sex*, Vol. 1.

The subject believed that the dream of July 19 was on the exact menstrual date. That, however, could scarcely be the case. There seems, however, to be a rough menstrual periodicity, for, putting aside October, a dream occurred every month. But the interval is not regular, and October, with its four dreams, flagrantly contradicts any menstrual rules. It is interesting to note, however, that none of the October dreams were accompanied by strong excitement or orgasm, the periodic sexual storm having been, as it were, broken up on this occasion.

On the whole it would seem that a tendency to menstrual periodicity is a real influence in the causation of these erotic dreams. But we are clearly concerned with a periodic *nîsus* which is easily deflected. Its existence, therefore, by no means puts other causative factors out of court.

I. It will have been observed that in my comments on these dreams I have regarded them as presenting images which are frequently symbolic of the physical sexual phenomena arousing or accompanying the dream. To many this may seem a hazardous if not altogether unjustifiable proceeding.

I have elsewhere¹ argued, with copious illustrations, that dreaming is necessarily symbolic. That is to say that the conditions under which consciousness acts during sleep make it impossible for any stimulus reaching consciousness from within or from without to be perceived, directly and immediately, for what it is. The rich store of mental imagery is drawn upon to supply sleeping consciousness with an image which appears to correspond to the unrecognizable stimulus, somatic or psychic, which is knocking at the door of the brain. The birds' song evokes the image of an orchestral concert; the laboring respiration leads to ideas of rhythmic flight; a breath of cold air suggests a mountain ascent. All these images are symbols which mirror and represent actual facts. It is of such symbols that dreaming is made up, for even psychic stimuli — the wishes and fears and other emotional impulses which surge in to sleeping consciousness — act in precisely a similar way.

We cannot, however, play at random with our symbols.

¹*The World of Dreams, passim.*

If we wish to be on sure ground we must proceed from the facts to the symbols, and not from the symbols to the facts. The latter course may merely lead us into a fantasmagoric world from which science is banished. Let us be sure of our facts; then we may perhaps be able to recognize ^{of} their symbols. Otherwise we may be liable to assume that ^{He} dreaming is symbolic of the digestive process, or the respiratory process, or the vesical process, or of any other organic process — it will most likely be the sexual — which happens to interest us. Dreams are, there can be little doubt, symbolic of all these and any other physiological and emotional process, but of which process, in any given case, we cannot be sure unless we have evidence that there is special organic activity present at the time. If we go beyond this firm ground we enter the sphere of undemonstrable (though not necessarily unprofitable) speculation.

That is why, in interpreting these dreams, I have hesitated to assume that the imagery exhibits any vesical or sexual symbolism unless there was ground to believe that such activity was really present at the time. That, also, is why I have left open the question of the erotic symbolism of the snake dream. This seems a sound and reasonable position, which no extravagance of symbolic interpretation we may chance to have heard of, should lead us to abandon.

II. Another preliminary point is the nature of the organic sexual process accompanying these dreams. The subject was fairly explicit on this point, and there seems to have been some degree of physical excitement in nearly every dream, with the almost certain exception of the final snake dream. In some cases the subject definitely notes that there was orgasm on awakening. But the dreamer herself, whose powers of self-observation were considerable, had no belief in the possibility of sexual satisfaction for a woman during sleep. "I believe I am safe in drawing the conclusion," she wrote with special reference to the first dream of this series, "that a woman is never satisfied by a sexual dream, while a man may be." This is by no means an isolated personal experience. Many women, having full experience of sexual satisfaction in normal coitus during

waking life, are emphatic in stating that the sexual excitement of sleep fails to produce sexual satisfaction and seems usually to be only a manifestation of sexual desire. No absolute law can here be laid down. If orgasm is really registering as the dreamer awakes, — and the phenomena experienced certainly indicate that this is sometimes the case — it is difficult not to believe that some relief of sexual tension has taken place.

It seems evident, however, that while the autoerotic experience of men during sleep is sometimes depressing and unsatisfactory, it is still more difficult for a woman to achieve spontaneous sexual satisfaction during sleep. That indeed is a conclusion that might almost have been anticipated. The conditions required for detumescence in men, when once tumescence has been attained, are simple and involve little more than such pressure as may easily occur during sleep. But in women they are much more complicated and much more difficult to secure during sleep, while the psychic compensation for their absence involves a hallucinatory effort which must often be incomplete or perverse.

This seems to explain why it is that in some cases women tend to become charged to a dangerous degree with accumulated sexual energy. It also explains why in hysteria, ancient and modern, the nocturnal erotic experiences of women have often taken on a bizarre and perverted form rare or unknown in men.

III. It is notable that these dreams express the inhibited erotic needs of the subject very clearly. She is, on principle, without the sexual satisfaction which is at other times habitual and of which her temperamental need is strong. This condition of things is translated into the clearest imagery in her dreams. They represent the gradual approach towards the gratification of an organic erotic wish. Such dreams are sometimes termed of the "infantile" type. It may be that this term is not altogether felicitous. No doubt infantile dreams are emphatically of such a type. But under normal and healthy conditions are not adult dreams so, also? In proportion as they are not so, it may fairly be argued, that is not due to the fact that they are adult rather than infantile, but to the accident that they

have been suppressed and transformed by prudery or neurosis. Now, the dreamer in the present case, though reserved towards the world, was not prudish; her conceptions of life were sound and normal; she had no reason whatever for not being perfectly frank with herself. Her dreams, therefore, while not excluding a natural symbolism, tend to express her intimate nature in a form which may be called "infantile," but equally well "adult." The subject was not a very copious dreamer and had previously given little attention to her dreams, the most vivid of which belonged precisely to this vesico-erotic group. The record for the period under consideration, it may be inferred, covered all the dreams that were vivid enough to be recalled in the morning.

IV. The central problem presented to us by this series of dreams, from the present point of view, is the relationship of the vesical stimulus to the erotic stimulus. Both stimuli were clearly present in most of the dreams. Which was primary, which secondary?

There has been a tendency in the interpretation of dreams to assume that the sexual impulse corresponds to the earliest and deepest psychic stratum, and that, therefore, all other impulses may be regarded as less profound and as mainly symbols of this more primitive impulse. To a certain extent this view is justified. But it is not justified when we bring the sexual impulse into relation with the excretal impulses. Phylogenetically, the impulse of urinary excretion is at least as old as that of sexual union. In the life of the individual it is older, and for the child the bladder covers an incomparably larger and more vivid field of consciousness than any impulse of sex. Therefore we are not entitled to assume, as a matter of course, that urination in dreams is a symbol of sexual desire, although it very frequently is so. We may quite as reasonably assume that the sexual impulse is a symbol of urination. Every individual case must be independently examined.

In the most skilful and elaborate study of vesical dreams which has yet been made, Otto Rank, a distinguished follower of Freud, has patiently psycho-analyzed the vesical dreams of an excellent subject, a young woman specially

liable to such dreams, and also occasionally to nocturnal erotic excitement. In his interpretation of these dreams, Rank doubtless shows much insight. But it is notable that when vesical and erotic elements come together in the same or successive dreams, Rank always assumes, without question, that it is the erotic impulse which is primary, and the vesical impulse secondary. He makes painfully ingenious and complicated efforts to prove that the vesical elements in such dreams are symbolically erotic and without any true vesical source. Now this assumption is quite out of place. Observation in waking life shows that either the vesical or the erotic stimulus may be primary, and that when either is set up, the other tends to follow. Sexual tension leads to vesical excitement and vesical tension leads to sexual excitement, both paths of nervous action being specially marked in women. This relationship of the two centers seems evidently to be maintained during sleep. If we are in doubt as to which is primary, it is important to determine whether the vesical distention was slight or considerable. If the amount of urine is large and the pressure exerted by the bladder considerable, there is a presumption that the vesical stimulus was primary. If, on the other hand, the distension of the bladder was scarcely considerable enough to account for the impulse to urinate, there is a presumption that the erotic impulse was primary, and the vesical activity merely secondary. This is a fairly safe criterion. We cannot apply it to Rank's dreamer because, usually, beyond stating that on awakening she had to go "*auf die kleine Seite*," she gives no information concerning the state of her bladder. The subject in my series of dreams, although not asked to be precise on this point, frequently gives a helpful clue as to the amount of the vesical distension. In many cases, it would appear, vesical tension was primary. If we may assume that it was so also in Rank's subject, then some of the dreams for which he has sought far-fetched interpretation may be simply and naturally explained.

It is important for the right understanding of the vesical significance of these dreams to bear in mind that, notwithstanding the large part which vesical interests

played in the subject's consciousness, there was never any definite urolagnic perversion. She fails to present the vesical type of sexuality, or compensated sexuality, which Sadger has entitled "urethral eroticism." In persons of this type there has usually been nocturnal enuresis prolonged until at least the age of five, which contributes to concentrate attention on the urinary function; in these cases not only is peculiar pleasure experienced in connection with urination, but this pleasure is cultivated for its own sake; moreover, this state of mind, which in early life may exist in some degree without being abnormal, tends to be prolonged beyond puberty and adolescence, and the normal developments of psychic sexuality concomitantly tend to remain relatively in the background. Sadger has admirably described this vesical type of mentality, which is specially apt to occur in women, and I could bring forward a case which well illustrates the type. But it ought to be fairly clear that none of the essential traits of abnormal vesical sexuality, or, as I should like to be able to call it, abnormal "vesicality" (for I regard the psychic impulse in such a case rather as the compensatory substitute of sexuality than as itself definitely sexual), are to be met with in the present subject. She revealed, indeed, in childhood a highly developed vesical life which to some extent persisted in the psychic background throughout life. But it was never deliberately cultivated — such cultivation being marked in persons of the vesical type — and, moreover, it was from adolescence altogether dominated and subordinated by a strong normal sexual impulse which during the whole of adult life found adequate satisfaction.

V. The element of phallus-fetichism in the subject's early experiences and in her erotic dreams may need comment. Phallus-fetichism is not usually pronounced in women — less so, in my observation, than in male inverts — and it seems rather rare as a sexual manifestation in childhood, when sexual desire is not very definitely localized. The explanation here is to be found in the fairly obvious fact that in the present case the phallus-fetichism of childhood was not really sexual at all, but a vesical manifestation. The subject knew nothing of the phallus as the organ

Relation of Erotic Dreams to Vesical Dreams

of sex; she only knew it as the organ of urination, and the fascination which the phallus held for her in childhood—however it may have been supported by latent and unconscious sexual interest—was connected with its urinary function. The attraction was transformed in a sexual direction at puberty, sinking in adult life to a degree which can scarcely be regarded as beyond the limits of normal variation, only to re-emerge in dreams.

VI. A word may be said as to the appearance of a homosexual element in one of these dreams. I have elsewhere pointed out that a homosexual erotic dream is no necessary evidence of a genuine homosexual impulse but may be due to that confusion of imagery which is part of the mechanism of dreaming.¹ In the present case, the subject disclaimed any homosexual influence in her life. It must be remembered, however, that in girlhood she had experienced a passionate devotion to a woman friend. It cannot, therefore, be taken as certain that the homosexual element in the dream is accidental; it is quite likely that there was a streak of infantile sexuality, such, indeed, as Freud regards as the general rule, though in actual life it had never become definitely formulated as a conscious sexual impulse. It is easy to observe how often in these dreams the dreamer is brought back to facts and emotional attitudes of infantile and pubertal life, as in the phallus-fetichism, the aggressive sexual attitudes, the almost forgotten memory embodied in the snake dream.

In this, so far as I know, unique record of the autoerotic manifestations of sleep during pregnancy, we have what may probably be regarded as a fairly typical example of erotic dreams in a normal and healthy woman with fully developed sexual emotions. We see how such dreams tend to begin in a correct and conventional manner; we see how an attractive man who in real life has made no conscious impression on the subject may glide into the dream with faint, obscure amorous suggestion; we see how a procession of symbols may present the underlying sexual process in

¹*Studies in the Psychology of Sex.* Vol. I. "A Study of Autoerotism."

ever clearer imagery; we see, as the actual physical excitement grows more acute and urgent, how the expression of erotic desire may force its way nakedly into the dream, this direct manifestation being aided by the fact that only accidental circumstances, not any intimate conflict of impulse, had led to the repression of sexual desire during waking life. All this — though in many feminine erotic dreams the earlier stages may be condensed or absent — is to be regarded as entirely normal and typical.

While, however, in main outline the dreams are doubtless typical, in their details they illustrate more special problems. They show us how the germs of all sorts of aberrations — which in real life for the most part have long been left behind or else scarcely existed — may clearly emerge in dreams: homosexuality, Narcissism, masturbation, fetichism. Especially they illustrate the influence of the vesical impulse and the nature of its relationship to the sexual impulse. We realize how the sexual impulse and the vesical impulse are two closely allied yet distinct forces which tend, under these circumstances, to play powerfully upon sleeping consciousness, how each may arouse or further stimulate the activity of the other, how the two may become almost inextricably blended.

PRESIDENTIAL ADDRESS BEFORE THE AMERICAN PSYCHOPATHOLOGICAL ASSOCIATION

WASHINGTON, MAY, 1913

BY JAMES J. PUTNAM, M.D.

I THINK the pious hope was present in the minds of the founders of this society, of whom I had the honor to be one, that it would bring together men of various shades of opinion, and that the meetings would act as a sort of clearing house for their views. We should come in at one door as Doctors A and B, and Professor C, each a little suspicious of the other, as not sound in the true faith, and march out of the other door, arm in arm, with all differences washed away, and accepting without demur the estimates of value of our various propositions which timely discussion had brought to light, and which the presiding officer, with a few eloquent words, had made clear — just as if we had been so many checks on banks in Toronto, Philadelphia and Boston, whose denominators had been made common by the cashier.

This is a splendid vision, but one never to be realized except in part. Harmony is a hard bird to catch. I receive every now and then, for example, a letter from my adored friend, Dr. X, in which he expresses the wish that before discussing each other's work (by which he means, of course, before I discuss his work) each of us should strive to get an adequate idea of what the other's opinions really are. But alas! To get such an idea would mean not alone conscientious reading of certain papers, but also that we should get into one another's physical and mental skin; that I, for example, should acquire Dr. X's identical "apperceptive mass"; and alas, I have no fairy godmother who would secure me that.

Is, then, the harmony situation hopeless? By no means; and for one reason, because beyond the planes of thought on which we now differ, there are broader planes of thought on which we *could* stand together and agree. I propose to take advantage of my position to suggest such

James J. Putnam

a plane of possible agreement — an old, well-tried, and usually rejected plane — in the confident belief that if not today, then some day, it will become again, and in a better sense than ever, a solid platform of fixed faith for all liberal students of the mind.

Some of you may have surmised, with horror, that I intend to talk philosophy, and such persons are doubtless already framing their lips to say, "For heaven's sake, let us continue to keep science and metaphysics separate; both are of interest, but they do not mix. We are scientific men or nothing; *in hoc signo vincemus*."

I beg leave, however, to call your attention at once to the fact that we students of psychology — and, therefore, scientific men *par excellence* — are inclined to impose upon ourselves restrictions, in this respect, to which the men of science in the narrower sense would never dream of subjecting themselves. The scientists have their philosophy and metaphysics, and set such store by them that they have nothing but contempt for those who decline to regard them as conclusive.

Philosophy is the search for a *total view* of things, a doctrine of universal application to which one may ever and anon return for guidance, inspiration, and refreshment before taking a new start into the unknown.

The scientific man's total view is expressed in the doctrine of relativity. For him nothing stands alone. The universe is a fixed total. Nothing can move without everything moving. We live in a world of forces which are interchangeable but indestructible. Atoms are of no account, accept as carriers of the forces that relate them. The total is a kaleidoscope of these related forces. These forces, are, however, invisible, and no scientific man pretends to trace their origin; the attempt to so do fades into a process of referring them to other, equally invisible and equally related, forms of force.

If this doctrine were as reliable as vast numbers of able workers assume it to be, it would indeed be refreshing to appeal to it; and it is not remarkable that Freud and many of his colleagues (amongst whom I am very proud to rank myself, though not in agreement with them on this point)

Presidential Address

should turn to it in support of their proposition that in the mental as well as in the physical world, laws reign of which the doctrine of relativity is the central expression. No mental event happens without a cause, and no mental energy, once expended, is ever lost.

I must pause here to point out that with this magic word "cause" there comes in a hopeful fore-shadowing of an acceptance of the philosophic doctrine to which I hold, the doctrine of free, self-conscious "personality" as embracing and giving new meaning to the doctrine of relativity. For it is certain that we cannot get on without real "causes," and equally certain that the doctrine of relativity offers no basis for the idea of cause in a true sense, but only for that of invariable sequence.

In order that one thing should cause another the first must spontaneously undergo a change within itself; it must live and produce energy in a self-active sense. I do not, of course, mean to deny that psychoanalysts practically study true causes; they could not deal with personal relationships and acts without doing so; but they transcend for this purpose, without knowing it, the scientific law of relativity.

It is also fairly obvious, and has been pointed out a thousand times, that this scheme of relativity, force, and law, in the sense of natural science, is at best a working concept. The principle is a very interesting one from this standpoint, when the true meaning of concept is understood. For a concept is something more than a working hypothesis; it proves, when investigated, to imply a turning in of the mind upon itself, summarizing the process through which it arrived at a given conclusion. This is a self-active process, in which the mind appears at once as subject and object.

Looked at in this way, I say, the doctrine of relativity is of great interest as showing a form of mental activity which is valid up to a certain point. But from the standpoint of universal applicability this doctrine is not valid, since, under it, not only chance, but, as I have said, causality and spontaneity would disappear from the *armamentarium* of the psychologist and the student of evolution, and the

ever recurring phenomena of change would be left without an explanation.

What is more important, the explicit adoption of this rigid-relativity doctrine, as the basis of a psychology of human nature, with its strivings, its moral conflicts, its fears, its hopes, and its renunciations, would be a practical misfortune of high order. For it is a doctrine which lends itself to the collecting of facts, but gives no hints for the regulation of conduct. Yet this adoption, as I propose to show, is imminent, and it is not mitigated, except in appearance, by the eclectic tendency to accept the principle of "chance"—*i.e.*, "accidental variability"—as admissible in evolution, while denying its applicability in the explanation of human acts and motives.

I beg that it may not be supposed that I have had any particular Dr. X and his opinions mainly in my mind in making these remarks, nor that I am in the least out of sympathy with the scientific view, as such, of the men whose opinions I have mainly had in mind. Thus, I have been thinking of Dr. Prince, but only in so far as this: that while, at times, an ardent student of metaphysics, he has often expressed his disapproval of mixing in metaphysics with practical investigations into morbid psychology.

From this, as well as from other reasons, I conclude that there is, perhaps, some incompatibility, or at any rate, no necessary connection of mutual support, between his philosophy, whatever it may be, and his psychology; whereas, in the case of the principles which I advocate, the connection is so necessary and so close that to all intents and purposes the philosophy is only fully expressible in psychological terms, and the psychology only in philosophical terms. In other words, I believe that in the structure and working of the human mind, the structure and working of the universe finds itself revealed, so that an understanding of each becomes necessary for the understanding of the other.

Those who, like ourselves, aim to study out, by any method whatsoever, the hidden springs of human action, cannot safely go far, even in the investigation of some special scientific point, without having formed a comprehensive estimate of what sort of a human being a person really is and

stands for, in relation to the total scheme of the universe; what it means that he is a thinking, feeling, and acting creature, and what he does when he thinks, feels, and acts.

Obviously, I can only pass rapidly over the problems here at stake, simply naming most of them, mainly with the purpose of making a confession of my own faith. It is an interesting fact that the majority of these old, but at the present day, too little familiar, opinions lie so close to those which every man instinctively accepts, that to pass from the latter to the former involves rather a *willingness on the part of those to be convinced*, the overcoming of an internal resistance, than the acquiescence in a difficult demonstration. Is it true, for example, that the law of relativity is really held to be of universal application, or in any wise valid as a means of explaining the origin and maintenance of the systems of forces of which it treats. Is it not probable that every thinking man would long since have gone over to the doctrine of a self-moving source of energy, even with its feared and hated corollaries of "God, freedom, and immortality," had it not been for the possibility of juggling with the word "force", in a way that appeared to relieve the intolerableness of a purely mechanistic, deterministic scheme. "Force" might, it seemed, mean anything, — even freedom, if one did not speak the object word aloud, — and yet show itself as subservient as matter, to the technical demands of relativity. Thus Freud, Ferenczi,¹ and many of their co-workers appeal constantly to the "volition" of their patients, and do not hesitate to exert their own, and yet would fain make the law of the conservation of energy as dominant in the mental world as it is supposed to be [and is not] in the physical world.

In his recent interesting article on "Animism, Magic and All-powerfulness of Thought," Freud describes in a thoroughly acceptable manner the progress of the free, self-active human soul, studying its own processes and rising from level to level on the wings of conscious introspection, and then damns all this exhibition of vital energy by saying

¹I refer throughout to the opinions of Prince, Freud, Ferenczi and Jung, because of their high standing and clear statements, and because I am absolutely in sympathy with them as regards the general tenor of their work.

that there have been but three great systems of thought in the world — the animistic, the religious, and the scientific; and that, of these, only the scientific system, with its acceptance (if logically followed) of everything that makes the eye blind and the ear deaf and the soul a dull and helpless pudding, is the only one destined to survive. According to this scheme, as Freud makes very clear, partly by direct statement, partly by inference, there is no transcendence of the human mind over the body, and, of course, none of the universal mind over the material world, evolution, and the mind of the individual man. The mind is, in fact, according to this view, an appendage of the body, getting its own qualities who knows whence, but certainly from a source not greater than itself, but less. So bodily death ends all; immortality in any and every sense is a fantasy, and the *Allmacht der Gedanken*, which has been since Aristotle the description of the perfect form of expression of self-activity, self-conscious energy, and will, becomes solely a form of delusion like that adopted by patients with neuroses of the compulsive type.

I beg that I may not be understood as denying this partial origin for the conception *Allmacht der Gedanken*. On the contrary, I accept it, as I do the whole of Freud's reasoning up to a certain point.

I accept also Ferenczi's view that the child *in utero* may well have a virtual sense, and the new-born child a more active sense, of the sovereignty of thought.

All I contend for is that the patient and the child, Freud and Ferenczi, all got their power of grasping this conception of power from the same source from which they got their ideas of time and space and causality; *i.e.*, not through experience, but as an endowment of their minds. I go further, and assert that their very capacity to have experiences at all came to them from this same source; and that since it is only within the world of experience that the law of relativity can pretend to have validity, its validity is by no means universal.

Of course, when I say that these able investigators and their patients, and presumably every child, have, by the very constitution of their minds, a tendency to hold phil-

osophic truths, I do no more than to assume for their sub-conscious thinking the same sort of inferential power that Freud, so often and with such marvelous penetration, has loved to point out the working of.

We are all sensitized to believe everything that is true and fundamental; and only by a vicious, if necessary, training, learn to doubt.

As regards the immortality question, I would enter into it here only so far as to reassert what I presume every logical thinker would accept — namely, that there are some essences or energies which by their very nature are outside the realm of time and space, and, therefore, of destructibility. The definition of eternal and infinite, applied to anything, is not the ability to live long and occupy much space, but the possession of the quality of forming its own environment; of being outside the environment of experience.

Many times I have remembered with joy Freud's own recognition, in his "*Traumdeutung*," of the fact that the naïve insight of common uninstructed people in matters of philosophy, may readily divine, and in the case of dream-theory did divine, far-reaching truths on which the heavily weighted, often narrow-visioned scientific thinker turns his back. I admired William James to the point of adoration. But courageous as he was, his very courage and his scientific conscientiousness proved, I think, his enemies. He made them into great block images, placed them in his own path, and could not see the truth because of them. Freud is in similar case, as regards his delusive belief in science as the court of last appeal. One need not admit McDougall's carefully and elaborately worked out arguments in favor of animism (and for my part, I think he also fails to grasp the truesignificance of self-activity) in order to see, after reading them, that that time-honored doctrine may at least be a stepping-stone to a truth that Freud fails as yet to recognize.

Ferenczi goes still further, perhaps, than Freud, in the positiveness of his rejection of any spontaneous, self-renewing impulse, as even a partial explanation of evolutionary progress. Everything with him is "pressure from without," the forced necessity to adapt himself to given conditions on

the part of the child — that heir of the ages and lord of the world, as he has in some measure proved himself to be, thanks to the power working within him, which is greater than himself, and which he ought to see, but does not always recognize.

Whence comes the capacity of self-adaptation, even under pressure, Ferenczi does not state. And this is the weak side of the biogenetic theory, regarded as a final explanation. One goes back to instincts, tropisms, external forces, and then forward to the genius, the intellect, the power of disinterested love, of man at his best, and assumes the latter to be derived from the former through some favorable turn of the kaleidoscope of fate. Yet no word, in explanation of all this onward movement, of any real spontaneous motive force!

Meantime, among naturalists by profession, and among careful thinkers who have been close students of evolution, the doctrine of adaptation is, I think, unquestionably yielding before the encroachments of the doctrine of spontaneous, vital energy, which is only an imperfect statement of the thoroughgoing principle of self-activity. Many years ago Cope of Philadelphia and Hyatt of Boston asserted that the spontaneous power of attention, on the part of man, had introduced a new factor into evolution. Bergson's position on this point is well known, and is typical of that of hundreds more. William James, in spite of his unwillingness to commit himself to any system of unity, and his preference for an agnostic pluralism as the best ally of honesty, asserted himself repeatedly in favor of "attention" as a real force, contributed by the person who thus, in attention, exerts his will and creates energy. Many psychologists and students of human progress in the arts accept the same view; and this view represents, not simply a good-natured hypothesis, but the recognition of a principle so important that, if true anywhere, it must, either in its own or an analogous form, be true everywhere. It must happen, in the course of time, that the recognition of self-active energy as a partial factor will surely lead to its recognition as the controlling factor in human life and progress. All the "vitalistic" theories tend eventually toward one goal.

Within a few weeks I have read the account of some interesting experiments, by Professor Henslow¹ of London, on the self-modification of plants under changed conditions, from which I venture to quote the concluding paragraph:

"It is impossible to study plant adaptations without seeing that they are all *purposeful*; and the question arises, What is the, so to say, instigator of these objects? It is certain that the lifeless physical forces which work them out with lifeless *matter* of plant food cannot do it. No force can direct itself, and something more is required to make 'blind' forces so act on 'blind' matter as to build up *purposeful* structures in response to external influences. That 'something' is Life. As Sir A. H. Church says, there is a 'Directivity' in life, which lies at the root of the question; or, as Sir Oliver Lodge phrases it, 'Life is the Director of forces.'"

But greater even than life, in the organic sense, is self-activity, which underlies both life and mind.

It is significant that within recent times, mathematics,² the science of sciences, has been shown to be the equivalent of logic. But logic is the study of the modes in which the mind, observant of itself, and withdrawing itself from the needs of particular experiences, discovers the laws of its own functioning. Here we have self-activity in its purest form, the form with which every psychologist should make himself familiar before he studies it in the less pure forms of daily experience.

With mathematics shown to be dependent on self-activity, and evolution shown to be dependent on self-activity, there will be nothing for it but for us to study, in all its other bearings, this enormously important principle.

One other comment I must make, with regard to the results of the failure to make this study, on the part of one of the group of able men with whom I have long been desirous, and am still desirous, to affiliate myself. I refer to Dr. C. G. Jung, whose elaborate work on the broader bearings of the libido-problem has attracted so much notice.

No one familiar with the evidence for self-activity in its various bearings, and especially with the view that the mind is capable of acting—must continually act—as subject

¹British Review, March, 1913.

²Mathematics, Prof. C. J. Keyser, Columbia University.

and object alike, and thus create both an objective and a subjective world; no one, I say, with these ideas in mind, can read Jung's "*Wandlungen der Libido*,"¹ without seeing that with some changes in terminology, and some changes in inference, what is said of *Libido* is virtually affirmed of an energy which is of far wider connotations.

Jung's *Libido* is, or would seem to be, no purely sexual impulse, the product of experience, but a transcendental world-force, a principle of life. Let its name be altered, and its functions be but slightly more expanded, and we have Bergson's *poussée vitale*, the understudy of "self-activity."

The subject-object,² self-division of this energy into subject and object, is hinted at under the attributes of the Hindoo god, Atman, who divides himself into man and woman. I cannot accept, certainly not in an exclusive sense, Jung's sexual interpretation of the famous passage in the second part of Faust, in which Mephistopheles gives Faust the "key" which is to lead him "*zu den Müttern*." Goethe was a thoroughgoing Hegelian in his tendencies, and I am told by an excellent student of Faust that "the mothers" here referred to are to be regarded as guarding the great secret of life, the fundamental, all-else-creating doctrine of "self-activity," the basis of real life.

It is, indeed, of remarkable interest to note, as one reads through not alone this essay, but the whole psychoanalytic literature, with its highly interesting study of symbolic thought and expression, in how many ways the same ideas seem to be seeking outlets that are fundamental for the doctrines that I rate so high.

Thus, the idea of the Trinity, which has been regarded with derision by most scientific men, and considered as one piece of evidence the more of the survival of a formal and superstitious acceptance of a belief shown by science to be untenable, when brought forward as a religious tenet, now appears in psychoanalysis as a typical and common sexual symbol. In the Hegelian philosophy, however, the Trinity

¹*Wandlungen und Symbole der Libido*: C. J. Jung. Now published in book form.

²Somewhat as in the polarization of magnetism or electricity, but in a higher sense.

symbolizes nothing less than the structure of every thought, namely, the recognition on the part of the mind, as itself thinking itself (that is, as thinking its determinations or acts), and the process of union between the two. The Trinity becomes a religious symbol because religion is a profound, though symbolic and poetic interpretation of fundamental truths.¹ Had it not been for the dim appreciation of these deeper truths, it is improbable that the narrower symbolism would have had such wide acceptance among primitive men. But, it will be urged: "The Trinity symbol has its wide acceptance because sexuality is so widespread, and is founded on passions and sensations that are so cogent; the child and the primitive man know nothing of philosophy."

This proposition is partly true, but partly false, and we owe to Freud and his disciples a portion of its refutation. The child and the primitive man do not *know* philosophy, but they divine it, just as they divine the vast wilderness of special meanings of "tabu." No one, not even an infant, can "experience," without using the categories of time, space, and causality, without realizing himself as thinker and as object thought. For these are categories of the mind and ante-date experience.

As it is with the "Trinity," so it is with the *Allmacht der Gedanken*. If, as Ferenczi thinks, and as I believe, the child unborn has the germ of this thought, he must get it from one or both of two sources.

Where else does the thought itself exist, and where is it most applicable? It *exists* in the mind of the *Zwangsneurotiker*, but it is *applicable*, not only most truly, but solely, to the condition of the Absolute Being towards whose attributes all humanity aspires.

Aristotle long since described the condition of God, under the name of "*Energeia akinesias*," "the energy of repose," in terms that, *mutatis mutandis*, would apply equally to the state of the unborn baby.

¹Also for other reasons, referred to in Prof. Josiah Royce's recent "Problem of Christianity," and in Dr. Harris's "Hegel's Logic," etc.

Mr. F. C. S. Schiller,¹ certainly no sentimentalist, and not unduly friendly to the "Absolute," devoted an eloquent essay to the defence of this remarkable conception of Aristotle's, and endorses the possibility of an all-powerful Being that "pulsates within itself without moving itself, and vibrates within itself without ruffling its repose."

But I will not tax your patience further with these analogies. Let it be enough to call attention to the fact that the best powers which we psychologists should know well, are powers that cannot be pictured in sense images, but only recognized by feeling, and studied by reason; and that they are powers which transcend matter, and are not subservient to the laws of matter. For matter, as we conceive it, is not the truth itself, but only a symbol of the truth.

¹Essays in Humanism; XII. I do not, however, at all agree with the following sentiment of Prof. Schiller's, and refer those who are inclined to do so to Prof. Royce's recent book, just cited.

"Despite the asseverations of metaphysicians, it is not true that a knowledge of absolute truth and good is necessary to progress. We do not need to know what is absolutely good in order to know one thing is better than another. We do not need to know the elixir of life in order to know that beef is more nourishing than straw, and water healthier than absinthe. We do not need to be assured of immortality in order to judge that a life is worth living. We do not need to know absolute truth in order to detest a lie. The fact is that our ideals are not actually prior to the particular experiences they profess to 'explain,' but are built up out of suggestions derived from the latter." *Eugenics Review*, April, 1910, p. 23.

A PSYCHOANALYTIC STUDY OF A SEVERE CASE OF HYSTERIA

(Concluded)

BY L. E. EMERSON, PH.D.

*Psychologist, Massachusetts General Hospital; Examiner in
Psychotherapy, Boston State Hospital, Psychopathic
Department*

AN actual psychoanalysis is always far more complex and persistently difficult than one is led to suppose by the smooth account of the abstract theory. The present case is no exception. But as one aim of this report is to be as concrete as possible, that is an advantage.

Most serious traumas have been revealed. There remains, however, to show their far-reaching effects; and to show also the nature of the present conflict. The present conflict is one of the most important aspects of the psychoneurosis from the point of view of therapeutics.

Before entering upon the final stage of the analysis, however, it will be well, I think, to recapitulate, in brief, chronologically, the psycho-sexual traumas and childhood habits, the repression of which caused the hysteria.

AGE	TRAUMA
7.....	Masturbated by father and probable beginning of incestuous relations with brother.
10.....	Sexually assaulted and masturbated by two men in woods.
13.....	Sexually assaulted by a neighbor.
18.....	Seduced by lover.
19.....	Mother's confession.
23.....	Solicited by father.

To this must be added the childhood habits which contribute to the present conflict. The patient began to masturbate herself about the same age her father masturbated her. (She said it was just after.) At about this time the

patient also began to have frequent incestuous relations with her brother. And, finally, the patient said the return of the convulsions, for relief of which she came to me, were preceded by her father's coming into her room one day, making sexually expressive movements and offering to pay her money if she would let him do as he liked. She was terribly frightened and drove him out of her room. That night, she said, her convulsions returned, after a remission of two years, following her mother's death.

With these facts in mind we will now conclude the analysis. In this connection the following dream is significant:

"I was going from place to place trying to forget, but I couldn't, as it seemed as if every one knew some way. I got discouraged, so took my life. Then it was as if I traveled a long ways and went through a lot of trouble — I don't know what. At last it seemed I got to the end and asked some one where I was. They said it was heaven. Then I went in search for mother. I found her. I asked her if I had done right; she said yes. Just then it seemed as if some one separated us and put fire between us, and said if I could go by that I could be with her. I wouldn't after that have anything to do with her, but turned and went with this person."

During the same night she had a second dream:

"I dreamed my promise was taken away from me so that I was free to talk as I wished. I was really happy. I woke up then and decided to talk everything out; then I went to sleep and when I woke up again I couldn't speak." This aphonia lasted a day.

The patient said that the previous afternoon she had written out what her mother had told her and was thinking whether she should give it to me or not. At the next interview the following dream was reported: The patient and her mother were swimming together in dirty water. There was fresh, clean water in the distance which she was trying to reach, but her mother kept trying to drag her down. Later in the night she dreamed she was a pure girl.

The vomiting has continued, though not so badly. There have been no auditory hallucinations for two days, but this

morning the patient heard her mother calling her. She had visual hallucinations of her mother, however, and last night thought she was in heaven with her mother and brother. She tried hard, she said, to get out of it, but the minute she gave up trying she merged back. She said she wanted to go insane. She wanted to die. The afternoon before while in a dream-like state she bit badly her right forefinger. The morning of the interview she bit off part of a needle and accidentally swallowed the blunt end.

At the next interview the patient told the details of her mother's confession. This seemed somewhat to relieve her. The next day, however, the patient came to me with her right arm bandaged: she had bitten herself badly four or five times during the night. This suggested a trait of character which had previously not been suspected. A little questioning revealed considerable capacity for revenge and cruelty, though here, of course, directed against herself. The masochistic significance of this will be much clearer later. The patient told me that when she was about fifteen, in a fit of anger she tore all of her father's shirts to pieces. She said she often wanted to kill him, and had thought how easy it would be to do so with a knife, pistol or poison. One time she cut holes in her father's pockets so he would lose his money. She started to set the house on fire several times. Once she had cotton soaked in oil, and took it to her father's room and lighted it, but then put it out. Just after her mother confessed her sexual sins to her she knocked over a lighted lamp. They thought it was accidental. She said she couldn't make me understand how cruel and revengeful she used to feel, and does now, at times.

At the next interview the patient said she had not bitten herself. She related the three following significant dreams (1) She dreamed she and her brother agreed to take poison together. She took hers, but he did not take his, and she reproached him, because, she said, he was the only one she ever loved, and now he had failed her. She woke thinking she was dying. (2) In the next dream she thought she was going to heaven, climbing a long flight of stairs. Finally she got there and was being shown around by a guide. Then he said she must see hell, and they started downstairs. After

While she could not go any further, and began to fall. She like falling. (3) Dreamed she was masturbating herself. The next day she said she had bitten herself once, but not very badly. On the day following she told me she had awakened about five A.M., biting herself. For an instant she knew that *she was trying to bite her hand off so she couldn't masturbate any more*. She knew, too, in this instant that she had just been masturbating, in her sleep, and had been, more or less frequently, all her life. She knew, too, that that was what came before her eyes when she had the last convulsion; she knew that was why she was so nauseated (she was disgusted with herself); she knew the meaning of the pregnancy dream, and all together, this was too much for her — *she fainted*. She was easily brought to consciousness, however, by a nurse giving her some water.

For the significance of the pregnancy dream we must go back a little.

When I asked her if she knew one of the symptoms of pregnancy, she said, "Yes, vomiting." Then she remembered she had dreamed something about pregnancy, and a baby, during the night, and again when asleep in the morning. The next day she said she had dreamed she had a baby. The next night she dreamed she was with Dick, her lover, and the following night she dreamed again of pregnancy. She now remembered that when she saw her lover for the last time, in her friend's house, he asked her what she was going to do now she was pregnant. He used this as an argument in an attempt to persuade her to let him have his way with her again. She was terribly frightened, and denied that she was pregnant. She said, "It kind of seems as if the dream had something to do with what Dick told me.— I think of one, then I think of the other, and it kind of seems as if they draw together, only I can't get how they would go together — I know what he said made me dream that — I know it is that because my stomach is all upset now thinking about it."

The next day she remembered that after Dick told her she was pregnant, she often dreamed she was, and would wake terrified and trembling, sick all over. She used to ask her mother, in roundabout ways, to find out, if she could,

how one could tell, but her mother always avoided the subject. The first time she associated vomiting with pregnancy was the summer before she first came to me, when a young married friend of hers was visiting her and was sick and told her why. She added, "It does seem like a wish, and a dream, what Dick said, pregnancy and a baby, all mixed up, and I can't connect it up." The next day everything was clear to her. After dinner she was dozing in a chair when it came over her that what she was dreaming was: *being pregnant*. Then she remembered that after Dick accused her she thought of what had already happened and thought she might as well have a baby anyway, and so began wishing and hoping she would.

Now comes the conscious struggle, the present conflict, so emphasized by Jung. The dream of the next night shows this. The patient saw her mother in the sky and started to rise toward her. As she rose she had to keep dropping things to get higher. The things she seemed to be dropping were the things she had been through and done. Finally, she came to a cloud and had to drop something, but woke trying, for she couldn't seem to let go. Later, she dreamed she was in the woods. There was a great bowl, hewn out of granite. She had a big fire in it and was burning snakes, when suddenly one jumped out and into her mouth. She woke trying to get it out. She was very sick and vomited. *She had been sucking her thumb*. The next night she woke three or four times as she was just about to masturbate — (or just had, she did not know which). She now acknowledged having masturbated a great deal lately. She said she had been sick all the morning, nauseated by her failure. "I'm discouraged, and deep down in my heart I don't want to try," was her final cry. That night she dreamed she was cutting herself up. She cut off her hands, legs, body, etc. "It seemed as if I was two people," she said, "and I was lying on the table, yet I was standing there cutting myself up." She woke as she was chopping her body into bits.

The following night she dreamed of destroying herself. "It seemed as if I came out of myself and tried in a number of ways to get rid of my old self." (1) She tried to cut herself up, but could make no impression on the body;

(2) she tried to set fire to the body with a torch, but it would not burn; (3) then she tried to drown herself, but the body would float, so she got a boat and brought it to shore, and (4) tried to bury it, but could not dig deep enough, or fast enough, because the earth kept filling in. Then she woke.

A few days later, the vomiting being much improved, and no other new symptoms manifesting themselves, the patient was discharged.

I. CONFLICT

"All psychoneurotic symptoms . . . must be taken as wish-fulfilments of the unconscious. . . . The symptom is not merely the expression of a realized unconscious wish, but it must be joined by another wish from the foreconscious which is fulfilled by the same symptom; so that the symptom is at least doubly determined, once by each one of the conflicting systems. . . . The determination not derived from the unconscious is, as far as I can see, invariably a stream of thought in reaction against the unconscious wish, *e. g.*, a *self-punishment*."¹

Conflict, then, according to Freud, is the situation out of which arises hysteria. Is this the situation in the present case? That it is can hardly be open to doubt. From the point of view of "self-punishment," the biting becomes clearly understandable. So with the convulsions; beating the head upon the floor, tearing out the hair, etc.,—here is a self-inflicted punishment that satisfies at the same time the overwhelming desire for sexual satisfaction. Here we have concrete material similar to that from which Freud deduced the following formulæ:²

"The hysterical symptom serves as a sexual gratification," and "The hysterical symptom results as a compromise between two opposing affects or impulse incitements, one of which strives to bring to realization a partial impulse, or a component of the sexual constitution, while the other strives to suppress the same." It is from this point of view

¹Freud: *Traumdeutung*, translated by Brill, p. 449.

²Freud: *Selected Papers on Hysteria*, translated by Brill, p. 198.

of conflict that the hysterical paralysis becomes intelligible. The paralysis is the external manifestation of the balance of two opposing impulses. In our patient the two impulses were: (1) The tendency of becoming conscious of the repressed memories and fancies, and satisfying her cravings. (2) The determination to keep these ideas out of mind. These ideas were associatively closely related to the ideas of the voluntary control of the legs. Rather than allow any such painful ideas as those we now know, to come to consciousness, the whole system was violently excluded from the realm of conscious control. One can hardly refrain from conceiving this process as a disconnection of some sort, where the kinesthetic ideas necessary to voluntary motion are rigidly held out of consciousness. Aphonia, too, and hysterical amaurosis, are external manifestations of the same balance of conflicting impulses. To talk at all would mean to tell, to tell would mean to know, therefore, talking is inhibited; to see would mean painful knowledge; seeing, therefore, is inhibited. The hysterical contraction, the clenched fist, too, manifest the conflict.

II. DEFENSE: REPRESSION

It is clear that what the ego-consciousness tries to do in any psychic conflict is to defend itself against mental distress. This defense may be active, passive, or partly one and partly the other. From this point of view, hysterical phenomena become still more fully understandable. In the case under consideration, the unbearable ideas, against which the ego-consciousness tried to defend itself were sexual. They were memory images of sexual traumas which constantly tended to come into consciousness. Freud says it is only "ideas of a sexual content which can be repressed," and the reason he gives is as follows:

"It is known that ideas of a sexual content produce exciting processes in the genitals resembling the actual sexual experience. It may be assumed that this somatic excitement becomes transformed into psychic. As a rule the activity referred to is much stronger at the time of the occurrence than at the recollection of the same. But if the sexual experience takes place during the time of sexual

immaturity and the recollection of the same is awakened during or after maturity, the recollection then acts as disproportionately more exciting than the previous experience, for puberty has in the meantime incomparably increased the reactive capacity of the sexual apparatus."¹

Whether Freud is right or not in generalizing his etiology of hysteria, certainly the case under discussion conforms to that picture. The unbearable ideas against which the patient tried, unsuccessfully, to defend herself were unmistakably sexual. So far as consciousness was concerned, the defense was successful, but it was at a heavy cost otherwise.

The way the ego defends itself against the admission of the unbearable idea is by repression. This power of repression is reflexly automatic, like the contracting of the pupil at a flash of light. It is this power that induces Freud to characterize consciousness as a perceptive organ.² Just as the eye may refuse to see, so may consciousness refuse to know. And, like the eye, it can do this in two ways — (1) close; (2) turn away. Hysterical fainting and blindness are illustrations of the former, and turning one's attention to symbolical physiological processes and actions illustrates the latter. Like the eye, too, consciousness acts automatically as well as voluntarily. This was illustrated innumerable times during the analysis when the patient tried to see but could not. She described the process as like a cloud coming, or a veil, before her mind. At other times her mind snapped shut like a camera shutter. This "closure" also applied to the throat and to the hand. That repression can be so completely successful as to exclude totally from consciousness such moving memories as have been uncovered by the psychoanalysis seems highly incredible. The only convincing proof that I know of, that such is the fact, lies in personal experience. When Galileo invented the telescope, nobody believed he saw what he said he saw until they looked themselves. So with repressions; their proof lies in looking, psychoanalytically. Logically, one might expect a close correspondence between the severity of the symptoms

¹*Selected Papers on Hysteria*, translated by Brill, p. 159.

²Freud: *Traumdeutung*, translated by Brill, p. 488.

and the seriousness of the psychosexual traumas. That a repression may be deep enough to cause a febrile condition seems established by the hysterical fever in this patient, lasting over a month. What connection this may have with the heat centers can, of course, be only conjectured. According to Freud, "it is just this transformation of affect that constitutes the nature of what we designate as 'repression.'"¹ The affect is thus dislocated from its proper idea. Then the idea, transformed from a strong one into a weak one, can be repressed. But the affect is not thereby destroyed. It is like the electric charge in the Leyden jar, ready to manifest itself with explosive violence when the resistance is lowered. Physiologically, resistance is inhibition. From this point of view the hysteric shows an unusual capacity for inhibition. "Inhibition is a *vera causa*, of that there can be no doubt," says James: "The pneumo-gastric nerve inhibits the heart, the splanchnic inhibits the intestinal movements, and the superior laryngeal those of inspiration. The nerve irritations which may inhibit the contraction of arterioles are innumerable, and reflex actions are often repressed by the simultaneous excitement of other sensory nerves."² And as James says in another place, the very essence of consciousness is dynamic. Thus, impulse and inhibition go hand in hand in making up our mental life. Reasoning from the known to the unknown, Freud deduced "repression" from observed "resistance."

"It is on this idea of *resistance* that I based my theory of the psychic processes of hystericals. It had been found that in order to cure the patient it was necessary that this force should be overcome. Now, with the mechanism of the cure as a starting point, quite a definite theory could be constructed. These same forces, which in the present situation as resistances opposed the emergence of the forgotten ideas into consciousness, must themselves have caused the forgetting, and repressed from consciousness the pathogenic experiences. I called this hypothetical process 'repression' (*Verdrängung*), and considered that it was

¹Freud: *Traumdeutung*, translated by Brill, p. 479.

²Wm. James: *Principles of Psychology*, Vol. I, p. 67.

proved by the undeniable existence of resistance."¹ We shall take up the question of resistance again. Let us now turn to the psychological result of repression, the splitting of consciousness.

III. DISSOCIATION

What at first was, perhaps, only partially successful, *i. e.*, the repression of an unbearable idea, may become finally so completely successful that the mind becomes actually separated into independent parts.

"This division of the mind into independent fragments, which are not co-ordinated together to attain some common end, is termed 'Dissociation of Consciousness,'" says Bernard Hart.²

As Freud says, the patient naturally does not intend to split his consciousness he intends only to rid himself of distress, but what he actually accomplishes is dissociation. In our patient the various symptoms are interpreted as the end products of the activity of such split-off psychic groups. From this point of view the "St. Vitus Dance" is quite intelligible, when the patient tells us that it started by her running around and around the supper-table, falling down, and getting up; it is but the reproduction of the run in the woods when chased and assaulted. Here the psychic group, or complex, to use Jung's term, gained almost complete control of the motor mechanism and used it for its own expression. We have already seen how the other symptoms may be understood as the end-product of the innervation of such split-off psychic groups. This suggests that such splitting as takes place is like horizontal stratification. From this point of view the various symptoms in the case under discussion are of some significance as suggesting degrees of psychic depth, and extent of dissociation.

Fainting	Aphonia
"St. Vitus Dance"	Amaurosis
Convulsions	Fever
Vomiting	Hallucinations (visual and auditory)
Paraplegia	Self-mutilation by biting and cutting
Contracture	Chorea

¹Freud: *Origin and Development of Psychoanalysis*. Lectures and Addresses at Clark University, 1909, p. 13.

²*The Psychology of Insanity*, p. 42.

A law of repressed complexes, dissociated from consciousness, seems to be that complexes of like quality fuse. In this case the fusion is very clear. Each sexual experience joins the previous ones, so to speak, and fusing with them is kept beneath the surface of consciousness. Emerging into consciousness, the various complexes appear at first like superposed views, where parts of one and parts of others stand out in apparently hopeless confusion. Psychoanalysis does exactly what the word implies, analyzes the fused complexes into their experiential elements. The reason for this fusion may, perhaps, be formulated as follows: The nucleus of the complex is an affect. This affect has a great many experiences and thoughts associated with it. The stronger the affect, the more it can hold to itself, as the stronger a magnet, the more filings it can attract and hold. If now, following Freud, we regard consciousness as a perceptive organ, it is clear that the stronger the affect is and the more it implies, the more confusing will be the first view that consciousness may attempt to take. Consciousness, so far as it is directed towards the past, and perceives this past as memories, strips the remembered experiences of temporal quality and sees them all at once. But memory, like any other function proper to consciousness, is limited in the amount it can handle at any one moment, and, hence, if there is a great deal to remember, all of which is of high affectivity, the first attempts at such functioning will seem necessarily confused and confusing. The affectivity appropriate to the particular memory sought would act on the organ perceiving it as the heat of the sun, say, acts on the artificial organs, or instruments, such as telescopes, bolometers, etc., directed towards observing its characteristics. Following the figure a little further, the appropriate affectivity interferes with a clear memory image as the brightness of the sun interferes with direct vision. Thus, glimpses only are at first possible; hence the confusion.

IV. MANIFESTATIONS OF REPRESSED COMPLEXES

A. Conversion

In patients provided with a suitable mechanism the repressed complex manifests itself by bodily acts involuntarily initiated. This constitutes the hysterical symptom. Hence, reading backward, one has to interpret the symptom as a symbolical act signifying the complex striving for full expression. It is as if the split-off psychic group had gained temporary possession of the motor mechanism of the individual. Inasmuch as the movements seen are the end results of unconscious psychic processes, they are often quite unintelligible. Sometimes, in simple cases, they are almost obvious; for instance, the clenched fist of the angry person. In the subject of the present study the patient showed a rich assortment of conversions. The "St. Vitus Dance," convulsions, aphonia, vomiting, contracture and paralysis, amaurosis, biting, etc., all are protean processes manifesting the existence of the suppressed memories. Through this conversion the psyche relieves itself of unbearable emotional distress. It is like an explosion. Pressure has risen until a part of the resistance has given way before it. After the explosion there is great relief in the lowered and restored emotional equilibrium. After five convulsions during the day the patient would sleep quietly and peacefully during the night. From this point of view the emotional pressure of the repressed complexes would seem to be cumulative. Experiences and thoughts, instead of passing off lightly through superficial conscious associative thinking, would sink in, so to speak, until it was as if the whole being of the person were saturated with a highly dynamic and explosive substance. In self-defense against this explosive manifestation of her thoughts and experiences the patient, one might say, split off the conscious level of her mind from all association whatever with anything below the surface: hence, the paralysis. It is interesting to note that while the legs were paralyzed, the hand was contracted. If one may be permitted a rather fanciful flight of the imagination, one might imagine that by the contraction of the hand the patient narrowed her consciousness at the corres-

ponding higher level, and thus kept out all memories of anything associated with her body at any lower level. This has a certain anatomical correspondence as well as ideational.

Similarly with the aphonia and the amaurosis, one can think of contractile processes, or narrowing of consciousness for purposes of defense. The psyche, or ego-consciousness, showed that it would do almost anything in the way of self-delimitation rather than face itself as a whole.

As we saw above, when we were discussing conflicts, the manifestation of the repressed complex in the hysterical symptom is of the nature of a compromise. The primary psychic system expresses itself, but only by means which will pass the censorship of the secondary psychic system. This is one reason the symptom is so baffling to reason, so unintelligible. It is like an intersection point. A point is the intersection of an infinite number of lines. So a symptom may be a compromise between an innumerable number of conflicts. And just because it is so symbolical is it hard properly to interpret. For this reason, probably, in the past, the symptom was regarded purely physiologically and as non-intelligible. The doctrine of symbols seems to have been one of the worst stumbling-blocks to a more general acceptance of the Freudian psychology. One reason is, I think, the too intellectual way of taking symbols. In our patient, beating her head upon the floor, tearing out her hair, was not an intellectually chosen conversion symbolizing self-punishment, but it was the concrete living through of an action which gave, at once, sexual satisfaction and self-punishment. To rave, and beat one's head, and tear one's hair is concrete self-abuse, symbolically, self-punishment. Thus the patient fools herself, and incidentally, learned doctors. The attempt at biting her hand off for the purpose of preventing further masturbation was observed by the patient and intelligently understood, so far as this conscious purpose went. But what she failed to see was that the act was also an enhancing of sexual excitement and its attendant satisfaction through masturbation. In the realm of symbolization anything may mean anything else, and the specific symbolism depends on the concrete case. Pelletier has said that "symbolical thinking is the lowest

form of thought.”¹ This is what one might expect would be the case with isolated psychic processes. But it is not the symbolical character of hysterical thought that classes it so low, for all thinking is symbolical, but it is the unsocial character of the thought, the independent isolation from socially sanctioned meanings. The greatest endeavor of the hysteric is to avoid self-conscious thinking, and the very essence of self-consciousness is dependent on social relations, hence the unintelligibility of the end-product of uninterpreted unconscious thought. The end-product of all thought is an action of some sort or other. The hysteric chooses the grossest forms for this expression and thus conceals the more refined and higher meanings. This regression to more elemental forms of expression is very unpleasant to the trained thinker who has labored strenuously for long years to escape just that crude, gross, and infantile form of thinking and acting. But the highly trained thinker errs egregiously if he thinks the highest form of thinking and its expression differs in any essential way from the lowest. The difference is one of degree of refinement and subtlety of meaning.

B. Dreams

There are two varieties of symbols that interest us here: (1) The symbolical action. (2) The symbolical thought. We have been considering the symbolical action, now let us consider symbolical thought. The most significant examples of this second variety of symbolization are dreams. As Freud has shown, the *via regia* to the unconscious lies through dreams. If now we turn to the dreams of our patient, we can see exemplified all of Freud's laws about dreams. That the dream is a wish-fulfilment is obvious in the present case, now that we know what the patient's repressed complexes are. That the dream is a compromise psychic formation, expressive of the censorship of the higher secondary psychic process, which we call the ego or self-conscious ethical pretensions of the dreamer, is also clear in this case. Thus, the similarity of the dream to the hysterical symptom is, perhaps, more apparent. Besides being a compromised, and hence

¹Quoted by Jung: *Psychology of Dementia Praecox*.

concealed, manifestation of the wishes of the dreamer, the dream is also a more or less confused memory of childhood experiences. This is abundantly proved by the dreams of our patient. The running and stumbling dream; the dream of hiding with her brother; the "troubled" dream, these, and many others, show that one source of their material lies in childhood. The four laws of dream formation — (1) condensation, (2) displacement, (3) dramatization, and (4) secondary elaboration, are all manifested in the dreams of the patient. It is significant that the clue to the repressed brother complex was gained by a report of what the patient had called out at night during sleep. The patient herself had no consciousness of the significance of her words, nor any memory of having said them. This talking in her sleep seems to mean that the psychical processes underlying it had not reached the level of a dream formation. This, of course, does not rule out what might have been the case, *i. e.*, that the consciousness associated with the words, "Why did you do it?" was dissociated from the higher psychic processes and so lapsed into the unconscious with waking.

Two dreams of the patient's seem to be especially significant as corroborating Freud's observations: I mean the dream of biting off the hand, and the dream of a snake jumping into her mouth. The "biting" dream was one where dream and reality seemed to merge. Here the four laws are clear, and especially the difference between the manifest and latent content of dreams. A desire for masturbation was the motive power of this dream, or the latent content, while the biting was the manifest content, elaborated secondarily into an ethical purpose. The snake dream similarly was reality and dream mixed, and clearly the snake in her mouth was symbolical of her thumb, for she was sucking her thumb just before, or at the time. Sucking was an infantile habit prolonged into late childhood, for she used to suck her skin till it produced sores, and unlike most children she was very fond of snakes and played with them and made pets of them.

The connection between night dreams and day dreams was very close in our patient. Especially significant, perhaps, was the dream of pregnancy. Here the dream was not

even remembered until the patient began to seek the significance of vomiting, and found it a symptom of pregnancy. Then came the sudden illumination wherein she saw the subject of one of her most insistent day dreams.

V. ANALYSIS

The patient being not very highly intelligent, of an extremely sluggish mentality, the technique of the treatment was largely an analysis of her dreams. Analysis by free association methods was extremely difficult, because of the enormous resistances developed at every step. It was assumed, from the beginning, that Freud's theory of dreams was correct, and, so far as this patient is concerned, at least, the assumption was proved to be sound. The most striking thing about this analysis was the impossible-to-be-exaggerated resistance. Resistance, of course, was to be expected, but such resistance! It seemed almost unintelligible. But certainly without the resistance the repression is unintelligible. The work of the analysis was almost wholly one of urging. It was more like drilling into rock and blasting than like any intellectual endeavor. Some idea of the labor involved may be gained by the time it took. One deduction which it seems possible to make in this case is that the patient has remarkable powers of concentration. This is certainly one element of intellectual power. If she could have put forth a tithe of the mental effort necessary to the repressions to more useful work she might have amounted to a great deal.

The question of method is indeed most important. Simple questioning started the analysis. The most objective, superficial answers were, of course, at first given. This abstract objectivity applied as well to the feelings and symptoms as to assumed environment and external causes. It was not until the fifth interview that any mention of sex matters was made at all, and only then was a question ventured following a significant remark of the patient's: "I didn't know anything about badness between man and wife." I asked, "What do you know about badness between man and wife?" This question opened up the way to much information as to the father and the patient's relation to him.

In working with a patient my method always is, so far as practicable, to follow up actual suggestions made by the patient. It is not what the patient "ought" to think or feel, that is sought, but what is actually felt and thought.

The next significant move that was made, in the matter of method, was putting my hands over the eyes of the patient in order to force her to look at the images that came before her mind. This brings up a second point in technique. Where resistances manifest themselves, there effort should be made to overcome them. The resistance in this case consisted in the patient's absolutely refusing to keep her eyes shut more than a moment at a time. It was obvious that just as soon as she shut her eyes she saw something that was distressing. To look at this image long enough to describe it was essential, and it was for that purpose that I forcibly held her eyes shut. This was a modification of the method first used by Freud, where he pressed the temples of his patients and told them that at the moment of pressure they would see something and think of something which they must tell and which would be important for the analysis. Freud has since abandoned this detail of technical procedure. With the exception of this one patient I have always followed Freud's later procedure. In this case, however, the resistances developed were so strong, I simply lost patience. Whether it was an error in method, or not, I am unable to decide. The immediate practical result was two-fold: First, I did succeed in getting by the first great resistance; and second, the symptoms were transformed: the convulsions changed into paralysis. With the paralysis I secured more of a lever to give power to my urgent arguments. The patient seemed not to mind having convulsions, but did mind very much being paralyzed, and so tried much more heartily to enter into co-operation with my attempts to discover hidden complexes and to analyze them. When I asked her if she couldn't look and see what was going on in the depths of her mind, she said, "I couldn't before, but to get the use of my legs, I will."

In this connection the ineffectiveness of simple, naïve questioning is apparent. In a simple question it is the analyst's will-to-know against the patient's will-not-to-

know. What does a patient care for the analyst's disappointment in comparison to her own distress? Obviously, little. Here lies the point of failure of many tentative psychoanalyses.

The next most important point in technique lies in the use of the "*Übertragung*," or "transference." After that was well established my desires did have a motive power in her mind. When my patience at her continued resistance would break down and I would scold her, she always manifested much feeling, and the next day, never the day of the scolding, she would let down a little the bars of her repression and we would get on a bit further. In connection with the transference, whenever it manifested itself very strongly in dreams, I explained it to the patient and did not despair until it seemed that she thoroughly understood its significance. Of course, without transference no such progress as was made would have been at all possible.

Free association was also used. In this particular case, however, it *seemed* the least successful method used. I say "seemed" because I do not know how much it may have helped the analysis in ways I could not determine. The reason, it seems to me, why free association was of so little value here was because, after the first, there was no doubt as to what some of the repressed complexes were, and the only thing to do was to break down the barriers raised against them by the fore-conscious. To speak in mining terms, a very short preliminary time of prospecting was sufficient to show where the lead was, and what remained was only the drudgery of digging.

It is a great mistake to imagine that "free association" is the essence of psychoanalysis. Free association is only one of the methods used to get at the unconscious. If there is any one thing in an analysis more essential than any other, it is, perhaps, the insistent, vigorous urging the patient on when he stops. It is the refusing to take the patient's surface statement that there is nothing there when he is asked what is in his mind; and it is demanding that he tell *something* about what is going on mentally. This is psychic work for the analyst. It is impossible to give any adequate "acquaintance with" or first-hand idea as to the

feeling of this psychic effort, but it is very real. Next to this tireless persistence in pursuing a topic once it is started, perhaps the most important thing about the analysis is the *choosing significant* leads to follow. Besides all the normal uncertainty that necessarily goes with the infinite number of possible paths one might take, there is the most diabolical subtlety of concealment, artful dissimulation, and cunning falsification. Through all this maze of equivocation one must thread his way to the *actual present conflict*: no easy task.

In the present case the greatest difficulty the analysis had to overcome was an absolutely unabating resistance to free-associations. Instead of freely giving a lot of associations from which clues might be gained, every advance was made against the greatest resistance. This is extremely discouraging and irritating to the analyst. It is as if a patient should try to conceal every symptom and do everything possible to lead the physician astray. There is nothing so irritating; and success is absolutely dependent on the self-control of the analyst. Scientists in other fields have learned to pay absolute respect to the nature and laws of the material they are studying, and they conquer their own feelings by being impersonal. This is quite as necessary here; but it is more difficult, because the *personal* and *scientific* points of view are so inextricably mixed; yet it is necessary to change from one to the other at a moment's notice. Probably this necessity for the expenditure of personal effort against the most irritating of all resistances, personal resistance, and yet with absolute self-possession and without resentment, will prove the greatest obstacle to a general practice of psychoanalysis. To adopt and hold an impersonal attitude to another person while entering into the most intimate psychical relations possible with that person, makes demands that few will be willing to grant. A pitfall fatal to a successful psychoanalysis is a premature moral judgment. If one condemns a patient on moral grounds, he thereby ends any further possible help by him through psychoanalysis. The only moral judgment that is of any help to the patient is his own moral judgment of himself, made inevitable by his fully conscious perception of his own psy-

chic past, present and future. All hysterics tell untruths; some hysterics lie; it is necessary to discriminate. It is hard, however, to do this, and preserve at the same time an impersonal attitude. One is apt to go too far and become purely abstract.

There is an advantage about free-association which makes it very important not to neglect it, and that is that by its use new relations and new connections are revealed which would never otherwise have been suspected. These relations are revealed by the revelation of new facts, new, that is, to the investigator. To get free associations from the patient is not so simple as it sounds. The analyst has to overcome a good many tendencies of his own to interfere. Free association seems so aimless, so endless, so utterly without form and void, that the temptation to take things in one's own hands and direct the mental processes is almost overpowering. One usually does this directing by questions, and here is apparent the limitation: one can question only so far as one already knows; one cannot ask a question about something utterly unknown. If the analyst gives free rein to his own associations and asks any question that may come into his own imagination he can cover a wide field, but here, it is his own psyche which gets disclosed by his questions, and not the patient's, because (1) it is highly improbable that the two fields coincide, and (2) it is very easy for the patient to deny categorically any implications suggested by the question. On the other hand, if it is the patient who gives loose rein to his own thoughts, in a free-association, the analyst can almost always observe when a repression is interfering with the free flow of ideas, and while he cannot know the content of this repressed idea, he can know that an idea has been withheld and urge its disclosure. Thus, there is a conflict in the analyzer's own breast between his desire to direct and his willingness to listen. Hence, it is evident that a successful use of the psychoanalytic method of free-association depends on a judicious alternation of observing and of directing. Neither the urging nor the observing must be overdone. If one urges too much he but increases the obstinacy of the patient. Neither should the analyst merely observe, because if he do this alone he loses

his way in the infinitude of details. Three things he should be on the watch for: (1) repressions; (2) ideas without adequate affect, and (3) affects inadequately accounted for by the ideas associated with them.

The inadequacy of any abstract purely intellectual formulation of the pathogenic nucleus to produce a therapeutic effect is clearly shown in this case. The patient herself was intellectually convinced of what she was after, but not until her resistance was overcome and the actual release of the complex from its repression did any therapeutic effect take place. Therapy consists in breaking down resistances, and releasing repressed complexes, not in "knowing" what the complexes are, and "telling."

Following Jung, some association experiments were made. They were not of great advantage, however, for, while they did demonstrate the existence of complexes, and, in some cases, suggested what they were, they added nothing new, and were of no noticeable help in overcoming the resistances. As cross-sections, so to speak, of the patient's emotionality, they were, however, of significance. The most probable association time of the first association test, determined according to Jung's method, was 6.4 seconds. That of the second test (same stimulus words used) taken two months later, was 3.6 seconds. This indicates something of the effect of the psychoanalysis in reducing the overwhelming emotionality of the patient. The association test is like a microscopic cross-section, and for what such cross-sections can show is of the greatest value; but for tracing the tortuous twistings and turnings of the path leading to the submerged complexes it is too inflexible: here, "free" associations are alone adequate. For therapeutic purposes it is also of little value because it does not help the patient to overcome his resistances, it only shows that they are there. Nevertheless, I am inclined to believe that the method is of great value in establishing fixed points of departure and suggesting questions to be asked as well as showing resistances to be overcome.

A point of much importance in psychoanalytic technique, is the emotional attitude of the analyst. Sympathy must be unfailing, and the greatest respect for personal

peculiarities and bizarre, irritating mental abnormalities. The hysteric is as sensitive to variations of emotional attitude as the most delicate galvanometer is to variations in the magnetic field. The method demands the greatest self-control, and the clearest self-consciousness of fundamental attitudes. In this connection Spinoza's axioms, in his Ethics, are worthy of the fullest acceptance. Concretely, I accepted the patient's own estimate of her morality and agreed with her as to her ethical standards and pretensions. I consciously refrained from holding "her" responsible for any of the things she disclosed. This, I assume, was not an unmixed good, for it may have added to her unconscious resistances by making her still more unwilling to tell me anything that she thought would tend to lower my opinion of her. In this connection it has been my practice always to assume an attitude of complete confidence in the patient's power to act according to his ideals. The question as to whether the ideals are or are not good ones is another matter. The patient can live up to his ideals, *if he wants to, enough*. Thus, the question is essentially ethical, and the act moral. Hence it follows, in my opinion, that therapeutically it is self-contradictory to advise a course of action which is already condemned by the ideals of the hysteric. It is in this conflict of ideals with desires that the disease gets its origin, according to the repression theories. The desires, in themselves, cannot be changed, therefore, the only thing to do is to clarify the conflict by making it conscious, and to change the ideals, if possible, or desirable. So far as my experience goes, the hysteric always has the highest of ideals, only there is a wide chasm between his ideals and his acts, and he is blind to his own limitations and absolutely unaware as to just where the conflict really lies. This follows, of course, from his repressions, and the consequent narrow conception of wherein virtue consists. It is the function of the analysis to show, and, so far as possible, convince the patient, that virtue consists in virtuous acts, and not in barren purity of thought. Here, as Freud has said, the possibility of expressing the therapeutic procedure in formulæ closes. "One does as well as he can as an explainer where ignorance has produced timorousness, as a teacher, as a

representative of a freer and superior world-conception, and as confessor, who through the continuance of his sympathy and his respect, imparts, so to say, absolution after the confession. One endeavors to do something humane for the patient in so far as the range of one's own personality and the measure of sympathy which one can set apart for the case allows."¹

I have hardly more than hinted, so far, of one very important aspect of an analysis, I mean the so-called "*Übertragung*," or "transference." The manifestation of personal sympathy and interest, the willingness to listen and not condemn, often arouses in the patient a feeling of attraction which rapidly grows into strong affection. This affection is in turn a help and a hindrance. It is a help in so far as because of it the patient makes a greater endeavor to assist the analyst in his search; and it is a hindrance in so far as it is in turn a reason for further repression. It is a hindrance also in so far as because of it the analyst develops unrecognized resistances in his own psyche and thereby fails to see the significance of some of the patient's attitudes, actions and inhibitions. The immediate effect of a repressed complex in the psyche of the analyst is fear: fear to follow certain leads, and consequent blindness. This blocks all further progress, until the fear has been met, recognized, and overcome.

As Freud has shown² there is a "positive," or friendly transference, and a "negative," or antagonistic transference. In so far as the patient feels antagonism towards the analyst will it interfere with the work. Further, the friendly aspect of the transference goes from conscious sympathy, friendship and trust to unconscious origin in sexual attraction, and thus, so far as the "positive" transference is *unconscious* it is connected with the repressed complexes and so interferes with their release. One aspect of the personal relation between analyst and patient makes it utterly impossible to do anything in the way of an analysis accurately, much less to help therapeutically, and that is an attitude of scorn, or dislike, on the part of the analyst. Psychoneurotics are

¹Freud: *Selected Papers on Hysteria*, translated by Brill, p. 100.

²*Zur Dynamik der Übertragung*: Zentralblatt für Psychoanalyse, Jahrgang I, Heft 4. Jan., 1912, s. 171.

hypersensitive and notice attitudes unknown even to the one who has them. But this is obvious to any one who has even the slightest idea of a psychoneurotic. On account of the transference it is impossible for a psychoanalysis to be made by several analysts at once. In so far as the transference is positive, the feelings of the patient for one conflict with the feelings for the other. And in so far as there is negative transference, the patient tries to play one physician against the other. Thus enter the problems of jealousy and hate, insurmountable problems when added to the ones already there inherent in the situation. There is, too, the "*Gegenübertragung*," the reaction feeling of the analyst; and the reports of the patient as to what the other analysts may have said create currents and counter currents so complex and interfering as to render their analysis and control quite hopeless. It is like the famous problem of the three bodies. On account of fixation, and the negative transference, parents and relations may be the greatest interference to a successful analysis. In the present case, if the mother had been alive it would have been impossible to have carried out the analysis to anything like a successful termination. As it was, the mother-image, to use Jung's felicitous phrase, was all but successful in opposing every step of advance. This was partially due to the fixation of the *libido*, preventing a proper transference. In similar fashion, though negatively, the feeling for the father, the father-image, was at the bottom of a feeling of hate which in its turn actively interfered with the transference. Thus, the "*conditio sine qua non*" of an analysis, the transference, was actively interfered with. It is only by virtue of the transference that the resistances can be overcome; if the resistances are increased by anything they become impregnable. As Freud has shown, this is the reason the paranoiac is beyond help. The paranoiac regards the analyst with the same negative transference, or hate, which he has for all others. This absolutely prohibits the transference and thus any therapeutics is rendered impossible. The greatest obstruction to a proper transference is, of course, the father-image, the mother-image, or spouse, brother, sister, or lover-image or complex. This is true when either one or all

are dead or far removed, but it is doubly true, with all apologies to the absolutists, where one or more of the family are living and in close relationship to the patient. In the present case the mother was dead, but father and brother actively conspired to prevent a complete transference. Father and brother served as fixation points for the *libido*, and thus encouraged repression. With a complete conscious transference begins the first upward step leading to constructive sublimation. This begins the cure. With the flight of the psyche from its infantile attitude towards the parents, independence begins and personal growth commences. It is necessary, of course, that the *libido* is not allowed to become again fixed, this time on the analyst, but is transferred to more general, perhaps non-sexual, objects, such as is the aim of the highest, broadest and best education. Thus, it is obvious that the analyst must be to the highest degree conscious as to the nature of the transference, its extent and intensity, and have a completely conscious self-control and self-possession.

VI. THERAPEUSIS

Assuming from the beginning that this was a true case of repression, it was also assumed that release would mean recovery. This, so far, has been only partially so, but the evidence seems to show that the reason for this is that the release has been only partial. From the first it is clear that this is so. The release of the memory of the childhood assaults did, temporarily, result in recovery. But a relapse occurred. Then deeper, and still deeper and more distressing memories were gradually laid bare, and to a careless or prejudiced view there seemed to be no corresponding relief. A little reflection shows, however, that even here there was real relief. If one grades symptoms as to degrees of severity, one must acknowledge that a temporary paralysis is less severe than continually recurrent convulsions as violent as those the patient had. To be sure there was a recurrence of the convulsions during treatment, but only twice, and since the second one, what seemed to be the very core of the causal complex has been revealed, and there has been no return. The final return of a symptom corresponds,

indeed, to Freud's observation. It is a last flare-up of a dying flame. Some of the other symptoms that have manifested themselves have been of very short duration. The amaurosis came and went while the brother complex was being probed, and has not returned since. The aphonia, similarly, came and went, with very little real distress. The biting was only two or three times, and was so quickly understood that its continuance was prevented. The cutting occurred only once and was scarcely more than a scratch. The fever was of importance from a medical point of view, but only because of its obscure origin. The hallucinations were more serious symptoms, but they practically soon subsided so much as hardly to warrant their being called hallucinations. They became more like vivid memory-images.

We have now to consider two very important points in psychoanalytic therapeutics: (1) The treatment of repressed complexes. (2) The handling of present conflicts.

If the hysteria is due, as maintained by the repression theory, to repressed memories of long past experiences, and there are no serious present conflicts, the release of the complexes will cure the hysteria. But if there are serious present conflicts, as well as repressed complexes, these present conflicts have to be met and overcome before a complete cure can be effected. In the case under consideration, the core of the complex, which apparently caused the convulsions, was masturbation, paternal solicitation and manustupration and incestuous relations with brother. Since this became known the patient has had no return of convulsions, but what seems to have taken their place is an occasional fainting. That there should be any symptoms at all indicates either incomplete catharsis or an unconquered present conflict. That the latter is largely the case is shown by the struggle to stop masturbation. This is a present conflict of intense severity. The habit was, apparently, started by the father, and has been the habit of her life. Such habits are not easily stopped. Other present conflicts relate to father and brother. It is no easy thing to renounce one's father, even a father like the patient's. But that, at last, has been accomplished. The brother, however, is still loved, though further aggressions have been prohibited by the

patient. When the present conflict is completely won complete recovery will supervene.

VII. ETHICAL

One cannot help but be struck by the ethical implications of hysteria. Hysteria is essentially a disease of personality. Janet's famous definition expresses this point of view: "Hysteria is a form of mental depression characterized by the retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the system of ideas and functions that constitute personality."¹

In Palmer's classic work, "The Nature of Goodness," the first of the four fundamental characteristics which he finds necessary to personality, is self-consciousness.² Self-consciousness, however, is exactly the thing the hysteric refuses longest to face. It follows logically that if hysteria is a disease of personality, the first step in its cure is a moral one, made in the direction of personality. The first object of psychoanalysis is self-consciousness. Psychoanalysis is a method whereby one may gain self-consciousness. But merely to gain self-consciousness is not necessarily sufficient to restore personality. Hence, psychoanalysis cannot restrict itself, if it seeks successful therapy, to bringing about self-consciousness alone. It must go on to more strictly ethical endeavors, to nurturing, to encouraging, to helping in every way possible, the new-born person. Next to self-consciousness the most important characteristic of personality, it seems to me,—and here again I am following Palmer,—is self-direction. Here, in my opinion, lies the fatal error of suggestion and hypnotism as a treatment of personality. It does not leave the patient free to develop, but tries to force him, utilizing more or less unconsciously, the power of the *Übertragung*, abnormally intensified. Psychoanalysis does not attempt to dominate another personality, but it lends an encouraging hand to the new-born soul making its first free steps in an attempt to direct itself. Ultimate emancipation of the patient from personal dependence on any one person is the aim of psychoanalysis.

¹*The Major Symptoms of Hysteria*, p. 332.

²*The Nature of Goodness*: G. H. Palmer, p. 58.

A third thing that is necessary in the treatment of diseased personality is that there should be given every possible opportunity for self-development. Without such opportunity, a psychoanalysis is fruitless, for the patient. Any attitude of the analyst that fails to respect these three fundamental characteristics of personality, not only interferes with the therapy, but prevents also scientific progress in the finding of fundamental facts in the psychic history of the patient. The reason for this is obvious. The patient's own psychic resistances against becoming self-conscious have to be overcome before the actual disturbing facts are found. If to his actual resistances, are also added resistances aroused by resentment against the analyst's lack of personal respect, the resistances become too great to be overcome, and one can only guess what the real trouble is. The final word in psychoanalysis is reverence for personality. Only with such respect, knowledge, and reverence of personality, is psychoanalysis possible.

ABSTRACT

"UEBER DEN EINFLUSS SEXUELLER MOMENTE AUF ENTSTEHUNG UND ENTWICKLUNG DER SPRACHE." (*"The Influence of Sexual Factors on the Origin and Development of Speech."*) Hans Sperber. *Imago*. 1912. Jahrg. 1. Heft 5. S. 405-453.

This interesting essay by a Swedish philologist confirms and expands a number of inferences already made probable on psycho-analytic grounds. The author discusses first the question of the beginnings of speech in primitive man. He points out that these must have rested on the observation that certain sounds, made at first unintentionally, had the power of influencing the conduct of a second person; after this had been perceived a man could purposely utter the sounds so as to influence others in the given direction. The conditions that must have been necessary for this to lead to the formation of a regular speech are as follows: There must have been at least two individuals concerned; at least one of these must have been in a state of affect that would lead him to utter an instinctive cry; there must have been reasons to make the second individual react in a regular way to the cry of the first; this reaction must have been desired on the part of the first; the situation must have been one that repeated itself frequently and in the main in the same way; it must have been an uncomplicated one. After discussing these in order Sperber concludes that there are only two human situations which fulfil all the conditions: the first is when the hungry child cries, is fed by the mother, and comes to connect the two occurrences so that he then purposely cries in order to get fed; the second is in mating, when the sexual excitement of the male expresses itself in sounds towards which the female reacts by approaching (mate-call). There are reasons for strongly doubting that speech could have been invented by children, any more than it is now invented by the individual child; Sperber therefore infers that sexuality must be recognized as the main source from which speech was developed.

He next raises the question whether this conclusion is also adequate to explain the further development of language, especially the use of it to denote things that have only a distant connection with sexuality, and he maintains that this is both comprehensible and highly probable, from the gradual expansion of speech and the extension of its sphere on to ever new objects and capacities. This growth of language must have kept step with the gradual growth of other mental functions of mankind,

corresponding, for instance, with the invention of weapons, tools, fire-making, and so on. Sperber maintains that many of these primitive activities must have been accompanied by cries and sounds of a mate-call nature, because they were conceived by the phantasy of early man to resemble closely the sexual act (a similar conclusion has been reached on other grounds by Jung in his last book). He gives various reasons for thinking this in the case of ploughing, grinding, cutting, boring, fire-making, etc., pointing out how the same words have been used, and often still are, for these activities and for sexual acts. That different words came to be used for each of these he explains by the consideration that the discoveries were made at separate periods of time.

Sperber then proceeds to illustrate, with an extensive material, the fact that words having a sexual connotation possess a perfectly astounding capacity for development and for extension into non-sexual fields. Owing partly to the careful expurgation of our etymological dictionaries it is not generally known that an enormous number of common words in present-day use are derived from this source, attaining their present meaning through a sexual association that has now been forgotten historically, but which constantly renews itself in the unconscious (in a recent work I have pointed out, for instance, that such disparate words as "peep," "fife," "pigeon," "pupil," and "partridge" all come from the same root, meaning "to expel flatus").

The greater part of Sperber's essay, of a philological nature, does not lend itself to abstracting, but the chief of his conclusions have been mentioned above. He does not maintain, of course, that no factors other than sexual have been operative in either the formation or the development of speech—far from it,—but he holds that these have taken the most important part. His essay is one that cannot be overlooked by those who are interested in the broader problems of speech, *e. g.* the educational ones.

ERNEST JONES.

REVIEWS

L'EXPERIENCE MYSTIQUE ET L'ACTIVITÉ SUBCONSCIENTE.
By J. Pacheu. Paris: Perrin, 1911. Pp. 312.

The author of this work is fairly familiar with the illuminating contributions of recent psychology to the problem of religious mysticism. Above all, he appreciates clearly the flood of light which has been thrown upon the so-called mystical experience by our understanding of subconscious activities. Nevertheless, he chooses to assume a negativistic attitude toward the whole theory of the subconscious.

The readers of this JOURNAL, familiar with Morton Prince's instructive contribution to the study of sudden religious conversion, will recall the application of Dr. Prince's theories to some facts and phases of "mystical" experience. In many respects the experience of the mystic is not unlike that of the suddenly converted, and the two frequently converge in the same person. The psychic processes underneath are alike: the subject's reflections, experiences, — his whole past life, having ripened subconsciously, breaks to the surface more or less violently. Henceforth the subject's whole mental content appears recast under the dominating influence of some new central emotion, a new *setting* gives meaning to his life. To the subject and onlooker alike, the sudden change suggests a new birth just as the violence and extent of the transformation furnishes the illusion of a power external and superior, a mysterious something acting from without. William James has given a very vivid description of this in his "Varieties of Religious Experience," and those familiar with the valuable Freudian contributions to psychopathology possess more than an intimation of the psychogenetic forces at work in such processes.

As we have stated, the problem and the contribution of psychopathology to its solution are stated fairly and clearly by the author, nevertheless he chooses to deny that the mystical experience may be explained as an eruption from the subconscious. His objections, considered briefly, are somewhat as follows:

Mystical experiences are sporadic, mystical intuitions unique; the subconscious, on the other hand, is so universal, so protean a substratum of our mental activity that if it were responsible for the phenomena of mysticism, the latter would not be so rare.

Subconscious activity breaking to surface implies mental dissociation. How shall this be reconciled with the coherence and

unity of mystical life, with the continuity of memory and consciousness in mystics? This objection, like the former, carries on its face its own refutation.

Another objection, incidentally the only one with a semblance of validity, is stated by the author in the following words: "This hypothesis (viz., the subconscious) suggested by facts which are to be explained, is applied to them as a sufficient explanation. There is a gap, an evident *petitio principii*; that which is assumed being precisely that which is under consideration." The concept of the subconscious, he thinks, when broadened so as to serve as an explanation of mystical experiences, ceases to have a precise meaning. When thus enlarged, the subconscious necessarily includes the whole range of scientific invention and artistic creative work under its terms. The concept of the subconscious as such a dynamic and synthetic automatism becomes, he thinks, a "marvelous fairy tale, more difficult to grasp scientifically than Viviane, or Morgagne, the fay, or the simple divine reality to which the mystics testify."

Without undertaking a complete refutation within the limits of a brief review, it may be mentioned that as a matter of fact the theory of the subconscious has not been broadened by any one for the purpose of including under it the category of mystical experiences or any other category of facts. Nor has the application of the theory to scientific speculation and artistic invention followed as an incident, a necessary inconvenience, as the author would imply. On the contrary, subsequent to the discovery of the subconscious, it was found that, by virtue of its nature, it is concerned in the mental operations of scientists, philosophers, artists, poetic dreamers and religious phantasists. Freud has shown (*Psychopath. des Alltagslebens*, now in course of translation by Dr. Brill) that the subconscious plays a preponderating rôle in numerous phenomena of every-day life, just as it is responsible for the most varied psychopathic manifestations and for the anti-social traits of criminals.

The author's prejudice, after all, is not surprising. Mr. Pacheu indicates plainly his intention of hitching up the unconscious to the notion of a superior power, a personal God. Such a notion is entirely outside the province of science. This at once locates the trouble and absolves us from the necessity of taking the author's objections too seriously.

J. S. VAN TESLAAR.

Cambridge, Mass.

THE SCIENCE OF HUMAN BEHAVIOR: BIOLOGICAL AND PSYCHOLOGICAL FOUNDATIONS. *By Maurice Parmelee of the University of Missouri.* (New York, The Macmillan Company, 1913. Pp. XVII, 443.)

THE FUNDAMENTAL LAWS OF HUMAN BEHAVIOR: LECTURES ON THE FOUNDATIONS OF ANY MENTAL OR SOCIAL SCIENCE. *By Max Meyer of the University of Missouri.* (Boston, Richard G. Badger, 1911. Pp. XV, 241.)

The authors of these two suggestive and useful books, together with one or two other workers into the intricacies of the neurones, have made the University of Missouri easily the leading institution just now, for the purely scientific study of human behavior. There seems to be more originality in Professor Meyer's book, but rather more general usefulness in Professor Parmelee's. In a way they supplement each other, the latter advancing constructively beyond the more descriptive text-book nature of the former.

In "The Science of Human Behavior" there are twenty-one chapters whose titles denote the contents of the volume. Says the preface: "While a single theme runs through this book, namely the evolution of behavior, yet the book naturally falls into several parts, each of which may be read with some profit apart from the rest. [An unlikely happening, although we must give due credit to the author's wistful modesty.] Chapters II to IV summarize most of the fundamental facts and principles of modern biology. Chapters V to VII describe briefly the behavior of the lower animals. Chapters VIII to X give some of the most important facts and principles of neurology. Chapters XI to XVI cover the whole field of psychology [nearly] in a concise fashion and, in fact, form in themselves a small treatise on psychology. Chapters XVII to XX state the most important facts in regard to the beginnings of social evolution and the fundamental forces in social evolution." The chapter-headings are as follows: "The study of behavior; the physico-chemical basis of behavior; the anatomical and physiological basis of behavior (two chapters); the behavior of the lower animals; tropism; the evolution of animal behavior; the evolution of the nervous system and the reflex action; the functions of the nervous system; cerebral localization; the nature of instinct; the neural basis of instinct; the principle human instincts and innate tendencies; the nature of intelligence; consciousness (sensation, attention, feeling, pleasure, pain, and emotion as conscious elements); personality, intelligence, consciousness and the nature of mind; the beginnings of social evolution;

insect societies; the ants; vertebrate societies; the factors of social evolution; and conclusion." There are twelve familiar figures and plates. Obviously in all this, well set forth, there is abundant material for a most useful and interesting treatise. Many workers in this general field (a rich meadow for the growth of whole flocks of eager students of humanity) have most of this material in mind more or less usefully, but they and others aplenty will offer thanksgiving to Professor Parmelee for so cleverly putting it together in so readable a form. "This book," he says in the preface, "is the first of a series of works in which I propose to deal with the evolution of human culture and of human nature on the basis furnished by this book." These will be awaited with interest by many.

The controversial portions of the volume are short, and the general air is a catholic and tolerant one. In the present reviewer's opinion the most original thing in the book is the statement of the nature of intelligence in its relations to simpler mental processes, not that it is essentially an advance beyond writers like Romanes, but that the statement is a clear and logically ordered statement, although not unified as such in the text save by the italics: Man's superior intelligence "is due in part to the superiority of certain of his senses which are of peculiar value in acquainting him with his environment, inasmuch as they are the functions of distance-receptors. It is due in part to his action-system, which enables him to go through an unusually varied number of movements. It is due in the last place to his extended association areas, which furnish the basis for an unusually extensive and complicated system of connections, between sensations, images, and movements. . . . An instinct is an integration and correlation of reflexes by the central nervous system. . . . When a certain number of these instincts which are relatively modifiable have evolved, and when the central nervous system has developed parts which are not specialized at birth, so that they can serve as association areas, then intelligence may make its appearance. . . . In an animal with a well-developed central nervous system which has acquired a large and varied store of memories, the behavior which results from a certain stimulus may be vastly different from the purely inherited reaction which would respond to that stimulus if these memories were not present to vary and complicate the behavior. Such behavior is intelligent, and the capability for such variations in behavior constitutes intelligence."

Joseph McCabe and William McDougall have avoided better than Parmelee the logical difficulty deeply inherent in the accordance of man's superiority in part to his sense-organs — the one by

emphasizing over it the general and very slow and gradual evolution of reason, and the other by his well-known frank appeal to animism. Parmelee, on the contrary, sees no cause to believe that some brutes may not have reason, but fails to see, apparently, that the same inevitable and inherent demand for continuity between brute and human which ascribes capacity for inferential reason to a single brute gives also a logical continuity in the sensory range. He certainly has to leave the cause of man's uniqueness almost unsuggested and quite undemonstrated. There is no more in Parmelee than there is in J. Loeb to satisfy the real (as distinguished from and contrasted with the merely logical) query as to how man's intelligence differs from the brute's. The unexplained remainder remains still unexplained, for our author's exposition of human behavior stops just where truly human curiosity asks that it begin. And

"Oh, the little more, and how much it is!

And the little less, and what worlds away!"

In all the numerous studies of behavior the majestic dignity of Life and Personality remains somehow unguessed — that is, if life and personality indeed be more than animated syllogisms, and all of us *feel* that they are.

"The Fundamental Laws of Human Behavior" for some reason invites no such critical remarks as does Professor Parmelee's book for if its depth is greater, its banks are surely closer together and the current runs more directly to a more definite end, — the end, in fact, which its title promises. No one has right to expect his psychologic lobe of inquisitiveness to be completely satisfied from a little book of twelve score pages even if fifty-five figures, most of them strikingly original, illuminate the text. Seldom, none the less, has the behavior of man, even as simplified in his infantile evolution, had more useful exposition in any book, big or little, than in this one of Professor Meyer's.

It is an extremely difficult book to review briefly, for the best of reasons that it is already condensed about to the limit — it must be actually experienced, that is at first hand, in order to be appreciated. Many a long-famous treatise in two "considerable" volumes, portly with a thousand pages and a half-million of well-chosen words, has had less constructive material within its walls than this little book. Much knowledge of child-behavior and insight of the human nervous system is behind these pages' composition, and (the two being efficiently correlated) the work, therefore, really supplies new laws of human behavior as useful to the psychanalyst and the psychiatrist as to the technical

delver into the relations of mind and body for their own sakes.

We have all had recently from Freud the first important lesson in a new course which will certainly advance psychology not a little. This lesson has taught us that if we would understand the more hidden motives and "motivation-tracks" of men and of women *we must learn our genetic psychophysiology*, just as surely as the morphologist must know his embryology; it is here indeed even more important, since adult psychology asks not only the question "Why," which morphology asks, but "What" and "When" and "How" and "Whither," with the which anatomy is much less concerned. Few treatises of recent times supply more of this genetic basis of adult psychophysiology than does this inexpensive book by Professor Max Meyer. Like the volume of his colleague, Professor Parmelee, it is cordially recommended to all who would be up-to-date in these interesting fields of research.

GEORGE V. N. DEARBORN.

Tufts Medical and Dental Schools.

PROPHEZEIUNGEN: ALTER ABERGLAUBE ODER NEUE WAHRHEIT? *By M. Kemmerich.* München: Langen, 1911. Pp. VI: 435.

"The belief in prophecies is not an antiquated superstition. It is a new truth of which we establish a strict demonstration. We know now that vision into the future exists." In these words Kemmerich states his conclusions on the subject of prophecy, to which he has devoted this volume of over four hundred and thirty pages.

Interest is added to the working out of his "strict demonstration" by his apparent freedom from preconceptions upon the thesis under consideration. He would have us believe that he approached the subject with a free mind and a vague notion that only superstitious minds could lend any credence to the pretense of prophecy. The so-called prophecies could be easily explained away, he thought, as nothing more than clever conjectures, simple coincidences, and the like. But in the course of his studies he became convinced that future events may be foreseen and he is now anxious to rank the prognosticating of future events in the category of facts "scientifically" established.

Ten of the dozen chapters into which the book is divided are devoted to a discussion of the historical "facts" upon which the author bases his contention. The third chapter forestalls possible

objections to this novel viewpoint, while the last chapter summarizes the author's conclusions.

One turns to the alleged "facts" only to be disappointed. These are really matters which have been considered in the past and have been found, for the most part, unworthy of the serious attention of an age even less critical than ours. It is amusing, for instance, to find the author seriously quoting quatrains of the "Centuries" of Nostradamus as evidence of prophetic insight, or unearthing the all-but-forgotten prophecy of the Abbé Hermann of the Cistercian Monastery of Lehnin regarding the fate of the Brandenburg House—a twelfth century controversy—as worthy of credence to-day.

Of the more recent claimants to prophetic gifts, only Cazotte, on the French Revolution, Mme. de Ferriem, a contemporary, and Johann Adam Müller, who exercised his prophetic gifts at the beginning of the nineteenth century, are considered at some length. Thus the prophetic gift is not only capriciously sporadic, but appears to be dwindling with the spread of science except as a symptom. Then, too, the author seems to have absorbed a lot where to have included less might have helped his thesis more. Surely Christina Ponitowsaken, the seventeenth century clairvoyant and seer, and Christian F. Heering, the eighteenth century visionary, are poor witnesses to lean upon for the support of his contention.

Under the circumstances it is likely that the readers may find this work as interesting as its preparation must have been to the author, but not equally serious or instructive.

J. S. VAN TESLAAR.

Cambridge, Mass.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

OCTOBER-NOVEMBER, 1913

ON FORMULATION IN PSYCHOANALYSIS¹

BY FREDERIC LYMAN WELLS

McLean Hospital, Waverley, Mass.

IT has been the writer's fortune to have many times to reply to the impossible question, Do you believe in psychoanalysis? One cannot answer it simply, but must consider its object in three ways: as a method of research, as a therapeutic agent, as a system of psychological theories. The first two are not to detain us now. That the best way to know how the mind acts is to observe it in action, and that the best way to observe it is by the most complete possible account of what takes place in it, is a proposition so obvious as to call for little criticism. But upon the basis of a body of observational data, probably the most intimate ever focussed upon psychological questions, are constructed many theories of mental function, scarcely one of which has been assimilated to the psychology of scientific method. So far as my vision will reach, this failure is due very largely to matters of formulation. Here the task must be to look beneath the surface, and to study how they can best be formulated so as to render them assimilable with more orthodox standards of psychological thought.

An entertaining volume recently come from the pen of a Belgian philologist is largely given to maintaining the importance of being accurate as well as earnest. In formulating theories for scientific judgment, we must not allow our phraseology to be regulated by autistic fancies, but recognize that in language we are utilizing an important function

¹Read at the Fourth Annual Meeting of the Psychopathological Association at Washington, May 8, 1913.

of paramountly social significance, not to be dissipated in philologic self-abuse. I feel strongly that an ameliorated formulation will not only make it easier for every one to appreciate adequately what is already known, but will obviate many natural barriers of resistance to the correct interpreting of future observations. The argument is not about whether facts are facts, but whether they are stated and thought of with effective objectivity.

The issues contributing most to these formulatary difficulties are three in number; the concepts of the wish, of symbolism, and of sexuality; in which order these remarks are to briefly take them up.

The primal difficulty with the psychoanalytic use of the term *wish* is its well-nigh universal interpretation as a process of high mental level. The psychoanalytic commonplaces of *unconscious wish*, *wish unacceptable to the main body of the personality*, are to most of those who hear them, contradictions in terms. To wish a thing means to desire it consciously, and with the main body of the personality.

It is not in the least denied that the processes described in these terms exist, and their recognition is most important; but beware the consequences of new psychological wine in old linguistic bottles. We certainly know that the mental organism is not a close-knit, well-disciplined absolute monarchy, whose every member responds fatally to direction from the highest levels; rather is it a loosely gathered democracy, often with most liberal notions of State Rights. Seldom, indeed, is it altogether united on single questions of policy. The majority of the *Ichkomplex* may be able to enforce its decrees only with difficulty against a riotous minority; which, if it be a sufficiently well organized complex, may split off and set up a local government of its own; or even seize the reins of the central authority, and carry on according to its own schizophrenic inclinations.

It is thus a far from infrequent experience that one may wish for a thing at the highest level of the personality, and at the same time be wholly conscious of other considerations that oppose it, and make the striving for its object less effective. Still others may, it is thought, be unconscious, and psychoanalysis formulates them all in terms of wish and

counter-wish. So firmly fixed, however, is the concept of wish as the expression of the organic "majority," that its persistent employment in the psychoanalytic sense only confuses those who want to comprehend it and encourages those who do not.

A far preferable starting point is the principle of ambivalence, but best of all is the concept of ambitendency, as developed, for example, by Bleuler. One occasionally observes a psychoanalytic writer to use the terms *trend* or *tendency* as the entire equivalents of wish, and it would be well if they largely replaced it. After all, the objective evidence of wish is only in terms of behavior. It has been remarked that we know a thing as we react more certainly, or in any way more effectively according to it. In like manner, the unity at different levels of trends or wishes is given in the certainty and effectiveness of reaction towards them. When all levels of the personality are united, if they ever are, in the direction of a given trend, there is not only the conscious wish therefor, but all reactions of the organism are definitely ordered towards it. In so far as instinctive trends conflict, and there is a division of organic policy, in so far as the biological reactions of the personality are not consistently ordered towards the paramount end, but disturbed by reactions the expression of other tendencies inconsistent with it.

It seems certain that the psychological failure to assimilate a large part of the phenomena implied in psychopathology of every-day life is not so much a reaction against the above general principle they represent, as against certain interpretations of specific episodes. In presenting this phase of the subject, psychoanalysts have an unfortunate tendency to bring into the foreground some bit of analysis forensically impressive if you believe it, but not wearing a clear aspect of validity to the casual observer. In illustrating a general principle, as that gross *Fehlleistungen* are the product of disunited personality, one should not simultaneously try to exhibit one's subtlety of analytic power, or this further division of tendency will bring ruin to both aims. The general principle is all but self-evident; failure to act in accordance with a given trend is the most

objective indication of counter-trend there could possibly be. But the nature of the counter-trend is not given directly in the *Fehlleistung*, which indeed, is often capable of opposed interpretations. It is possible to say justly that the *Fehlleistung* is in accord with a certain counter-trend, and may, in cumulative instance, be regarded as evidence of such a trend. A counter-trend in accord with such phenomena is often clearly present in consciousness. The weight to be given such evidence depends first, on the degree of disharmony between the *Fehlleistungen* and the major "wishes," *resp.* trends, tendencies or impulses of the personality; and second, on the degree of harmony between them and any given counter-trend. The first indicates the divided personality; the second, the lines of cleavage.

In fine, we know introspectively that we may heartily wish at one level what is less advantageous at another. But far deeper is our knowledge, from the observation of behavior, that we sometimes react in accordance with certain definite trends, and sometimes against them. Therefore, let us formulate our conceptions of the divisions in personal tendencies not statically in terms of wish and counter-wish, which are at best only secondary inferences below the level of introspection, but dynamically in terms of trend and counter-trend, which are the ultimate criteria of the wish, and are present objectively at all levels of behavior.

In its deductions regarding the character of personal trend and counter-trend, psychoanalysis describes various situations in which actions or mental events recur not in their original form, but from some cause *verstellt*. The process is a familiar one in daily life, and its relation to psychoanalysis is a question not so much on existential grounds as of the precise sort of symbolism that the psychoanalytic method is capable of establishing, and whether the previous theoretical formulations of them bear so necessary a relation to psychoanalytic practice as has been commonly thought. An insufficient distinction seems to have been drawn between two kinds of symbolism that I shall try to illustrate concretely. If one contemplates a well-grown

oak tree, one may naturally think of its similarity to the growth of the British Empire. The oak tree becomes to him, for the nonce, a symbol of the British Empire. But the development of the British Empire has no direct causal relation to the growth of the oak tree. Britannia did not create the oak tree to see how she looked, as nature is said to have created Goethe. The "enmity" between oxygen and fluorine, which alone of all elements forms no compound with it, and drives it out of its stable union with hydrogen, to form ozone and hydrofluoric acid, might very conceivably suggest to one the hatred of Hannibal for the Romans, or the usurpation of Igraine by Uther Pendragon. In this way the one may always be said to symbolize the other. But psychoanalysis uses the term to mean much more than this; not only that the one idea has certain grounds for association by similarity with the other, but that it is actually a genetic expression of the other. That is, one dreams that he is near the summit of a mountain, down which there flows a gushing waterfall; he is thirsty, but does not drink. It needs no highly-colored imagination to associate this episode with *any* deep-seated trend, wish, if you like, that has to be kept in the background, and even to dovetail minute features of the one into features of the other; but it is a very rash step further to say that these detailed features of the one are *therefore* genetically determined by the other.

The fact of contiguity in free association is not sufficient to establish one event as symbolic of another in the sense of genetic expression. This is attested by the numerous symbolisms in which it is not possible that one should be the genetic expression of the other. Such instances as the above are supplemented by cases where differential symbolism is clearly marked. In Titian's "Sacred and Profane Love," there is a good deal of naive disagreement as to which is which. Various snatches of music may become definitely associated in one's mind with certain ideas, and one is often astonished on learning afterwards how different are the ideas conveyed in their original names.

Is it not better to freely admit that we have no objective criterion of genetic expression in dream and much other

symbolism, but that the length to which one is willing to go in accepting such interpretations is a matter of personal equation? When, as Ernest Jones remarks, the chief character of the "Servant in the House" is called *Manson*, the proposition that the name represents "son of man" is convincing to most of us; we should assume it without so much as inquiring whether such an idea was really present in the author of the play. Again, when I forget to bring away a five thousand ohm coil that I need, some of you would doubtless be inclined to regard this as determined in large part by a wish to get rid of some other species of "resistance." Others would scarcely accept this view, and no objective grounds could be adduced for doing so. The most extreme cases of this nature are, perhaps, to be found in the analyses of the "free selection" of numbers. That it is possible, through various analytic sinuosities, to relate these choices to special trends in the individual, serves, of course, to discover the special trends, but should not be offered as proof that these trends were productive in the selection of the numbers involved.

This brings us to the first of the two issues on the constructive side; What is really brought out by these analyses, and how ought their findings to be stated so as to keep within the limits of scientific formulation? The dream, the association experiment, the *Symptomhandlungen*, all lead, through the free association method that is the base of psychoanalytic technique, to very full understanding of the dynamics of the individual's mental life. The same goal could probably be reached, by the same method, from any other mental starting point, but these seem to lie on very direct routes. For all that has been claimed for the psychoanalytic method teleologically, it is not necessary to suppose that a mental event was the symbol of its *ex post facto* association any more than it is rationally wise to do so. Analysis is concerned with the discovery of trends and their genesis, and is in no way dependent upon the attachment of any special significance to something from which in free association these trends are more or less indirectly derived. The essential thing is that *a* was associated with *b* and then to *c*, which leads us further to know the existence of *d*; not that

a as a dream-phenomenon was the symbolic product of *b*, *c* or *d*, which it need be neither in theory nor fact.

Thus, the second issue, of the precise criteria of symbolism, becomes of a less fundamental nature. The value of an *association* in determining a symbolism, depends upon the fixity and invariability of that association. *Cat* is a symbol for a certain animal, because it regularly represents to us that animal. If in the content of myths, dreams or schizophrenia, an object is represented performing functions unequivocally attached to another object, the first object may be regarded as symbolic of the second; the air, for example, as symbolic of the procreative principle. Sometimes the *Verstellung* is very slight, so that the symbolism seems given directly to the content; as in *Manson* on page 222, or when a dreamed-of mountain, named Chickatoharie, appears as the fusion of Chickatawbut and Canajoharie. To these should, perhaps, be added the cases in which there is a certain immediate awareness of the *Verstellung*, as in some phenomena described by Hollingworth. Such are the evidences by which symbolism is determined; it depends on one's self how strong they must be before symbolism is accepted as "convincing."

Last, and perhaps most important, are the issues involved in the psychoanalytic conception of sexuality. Few phases of these doctrines can have done more harm to their own cause or to the cause of truth. Where the function of science should be to delimit our concepts and give them clearer meanings, psychoanalysis has reduced this term to the level of an affective expression, deprived of every connotation that gives it a distinctive place in the language of realistic thinking.

We are all familiar with the protests that arise against psychoanalysts assigning a sexual significance to so many human activities, and we are equally familiar with the answer — that we do not understand Freud's conception of sexuality, and, anyway, we are simply making an exhibit of our cultivated resistances to a proper recognition of this factor. Now we have no objection to calling a spade a spade when it is impossible to call it a lily; but it is very perplexing when our colleagues employ the term to designate

clubs, hearts, diamonds and no trumps. Anaxagoras said that snow was black, challenging any one to disprove his assertion; and by quite similar process do you assert that the *Wonnesaugen* of the month-old infant is a "sexual" reaction. Assuredly it is true that the numerous elementary activities which you have characterized in this way are determined by a unitary guiding principle; but is it on that or any account wise and just to call that principal sexual?

By far the most fundamental point is never to lose sight of the relational implications of the term. It is impossible to insist too strongly on this essential feature of its significance. The sexual character of an organism is given in a certain objective biological relation to other organisms. Sexual reactions primarily represent the functioning of these characters as such. And to meet a consistent criterion of sexuality, the reaction should conform to one of two conditions; it must be a reaction to an object of sexual character determined by the sexual character of that object; or second, it must be known as a symbol or derivative of such a reaction.

What seems to have actually happened in the minds of those responsible for the dilution to infinity of the sexual concept, is that the word has become identified with and displaced the broader concept of the hedonic. Organisms tend, in the most multiform ways, to all sorts of activities that result in pleasure. These activities usually, but not necessarily, run parallel to those resulting in the objective advancement of the organism or its species; among human beings the conflict is particularly marked. We do not clearly know the rôle of the hedonic factor in determining the reaction, but natural selection would, of course, tend to the survival of those organisms in which the hedonic and beneficial factors were best combined. The essential thing for us is the fundamental organic property of preserving those reactions which bring pleasure, and giving up those which do not. This is properly formulated in psychoanalysis as the *Lustprinzip*, or pleasure principle. To some extent, this principle doubtless determines reaction-trends constitutionally, as we know that co-ordinated series of responses may be inherited; to some extent it is, doubtless, also a proc-

ess of trial and error adjustment. Human beings are physiologically so constituted that the great part of the elementary pleasures are derived through the stimulation and activity of various but rather definite areas, different portions of mucous surface, the alimentary canal, and the like. It is a great anticipatory misnomer to call these the "erogenous zones" in childhood; the erotic function, of such as develop one at all, is quite subsequent and secondary. Only from our knowledge that in the life history of the individual certain of these trends do later take on a sexual character, do we regressively irradiate this adjective over all of them, and because the child reacts upon the various pleasure areas rather unselectively, characterize a doubtfully sexual disposition with the unhappy cacophemism of *polymorph pervers*. I should sooner apply the term to Freud's conception of sexuality. What we have to start with are a number of possibilities for pleasurable reaction, between which a developmental selection takes place, and for the best of evolutionary reasons, those are the most likely to survive and flourish, which are involved with the reproductive instinct. But, of course, the underlying *Lusttrieb* of the organism may develop in various ways, without relation even to the genital areas, not to mention sexuality. While a young boy is defecating in a field, a stray dog comes up and licks his posteriors. If the orgasmic sensations thus experienced lead to a repetition of this or allied practices described by the child Gargantua, there might well result a serious deviation from the normal development of the instinct trends, but it would furnish the last of reasons for being called a sexual reaction. Better indeed to term it an anti-sexual reaction, since it would inhibit and distort the normal development of the sexual instinct proper.

Yet one should probably go further than this, and point out that the primary involvement of the genital tract is not of itself sufficient to determine the sexual character of the reaction. Thus we do not regard every reaction as locomotor because the foot takes part in it. Lamaisse makes mention somewhere of a Hindu priest who is represented gazing steadily at an image of the god Krshna, and, in the course of devotion, masturbates. Whether such a reaction

is to be regarded as sexual must depend upon the psychic factor; as a mere manifestation of religious ecstasy, it is no more sexual than, under like circumstances, are the tears and contortions of the mourners' bench. Suppose a child isolated from birth from all human contacts, kept alive and cared for through wholly mechanical means; no more sexual significance could attach to his masturbation than to any other of his actions. The same may be observed with the stupors of profound idiocy, individuals of no traceable sex *consciousness*, in whom the process bears the aspect of the simplest of sensory-motor arcs, scarcely less automatic than the scratch-reflex of a spinal animal. Do you propose to dignify such activities with the name of sexual?

We see, therefore, that quite independently of sexual trends, the hedonic reactions associated with the genital sphere are apt to assume primacy among their congeners. Under normal environment, this trend deepens and becomes predominantly responsive to individuals of opposite sex, occasionally also to the same, or to stimuli experientially associated with them. These reactions and those of all other areas take on a sexual character only as they are determined by the sexual character of the object; real or imaginary, actual or symbolic. Other phases of the underlying *Lusttrieb* either fade into obscurity or are assimilated to sexual reactions (*Partialtriebe*); some preserve an independent existence, most notably the hedonic reactions associated with the taking of food, because of the equally fundamental character of this instinctive trend.

We ought not to apply the term sexual to reactions for no better reason than that some time in the life history of the individual they may or may not become associated with specifically sexual trends. Psychogenesis, in the sexual sphere as elsewhere, is progressive, not retroactive. Possibly a useful temporary purpose has been served by extending the term to cover all phases of *Lusttrieb*, thus clearly pointing out the unitary character of the principle underlying them, but it is exceedingly unfortunate when such metonymies are thought of literally. For the formulation of such reactions as regularly become subservient to the *Sexualtrieb* proper, or, if they do not do so, tend especially to block its

proper development, we might maintain the indication of their most important relationship in the designation of *para-sexual* reactions.

By definition, the *Sexualtrieb* should be directly or symbolically objectified, but it is not clear that the *Objekttrieb* should be entirely included within it. Profound idiots at times seize the hand of a neighbor and masturbate themselves with it. The question is again how far the reaction is determined by the sexual character of the object. And the same criterion must apply along the range up to the whole group of sister-, cousin- and aunt-complexes, some of them assuredly of sexual character.

The principal word of constructive criticism in psychoanalysis is then, Look to your formulations! Let no one elude this issue with the idea that it is unimportant as a mere matter of words. No phase of psychoanalysis is unimportant that is an essential factor for its judgment and appreciation as a department of science, and is, to-day, responsible for much of the negativistic attitude in those quarters from which the first encouragement should have come. Examine these theories of mental function squarely, and with the same freedom of resistance as is urged upon those who look to you for help. Has due care been exercised to keep the interpretation of your splendid body of observational data within the limits of what they really showed, or is it often subordinated to impressiveness of statement, with just a tinge of what we clinically know as the "desire to astonish"? Have you never said "Freud has discovered," where he only surmised? The same looseness of formulation that, perhaps, facilitated their applicability to data of clinical observation, has unquestionably retarded their assimilation with the more rigid standards of experimental proof. In the correction of these conditions lies the best hope of mutually supportive progress.

THE PSYCHOPATHOLOGY OF A CASE OF PHOBIA— A CLINICAL STUDY¹

BY MORTON PRINCE, M.D., BOSTON

THE case of phobia, of which this is a clinical study, was one of church steeples and towers of any kind. The patient, a woman about forty years of age, dreaded and tried in consequence to avoid the sight of one. When she passed by such a tower she was very strongly affected emotionally, experiencing always a feeling of terror or anguish accompanied by the usual marked physical symptoms. Sometimes even speaking of a tower would at once awaken this emotional complex, which expressed itself outwardly in her face, as I myself observed on several occasions. Considering the frequency with which church and schoolhouse towers are met with in everyday life, one can easily imagine the discomfort arising from such a phobia. Before the mystery was unraveled she was unable to give any explanation of the origin or meaning of this phobia, and could not connect it with any episode in her life, or even state how far back in her life it had existed. Vaguely she thought it existed when she was about fifteen years of age, and that it might have existed before that. Now it should be noted that an idea of a tower with bells had in her mind no meaning whatsoever that explained the fear. It had no more meaning than it would have in anybody's mind. In the content of consciousness there was only the perception plus emotion, and no corresponding meaning. Accordingly I sought to discover the origin and meaning of the phobia by the so-called psychoanalytic method.

When I attempted to recover the associated memories by this method, the mere mention of bells in a tower threw her into a panic in which anxiety, "thrills," and perspiration were prominent. Before making the analysis I had constructed a theory in my mind to the effect that a phobia for

¹Read at the Fourth Annual Meeting of the Psychopathological Association at Washington, D. C., May 8, 1913.

bells in a tower was a sexual symbolism, being led to this partly by the suggestiveness of the object and partly by the fact that I had found sexual symbolisms in her dreams.¹

Analysis was conducted at great length, and memories covering a wide field of experiences were elicited. When asked to think of bells in a tower, or each of these objects separately, there was a complete blocking of thought in that her mind became a blank. Later, memories which to a large extent, but not wholly, played in various relations around her mother (who is dead) as the central object, came into the field of consciousness. Nothing, however, was awakened that gave the slightest meaning to the phobia even on the wildest interpretation. The patient, who had been frequently hypnotized by another physician, tended during the analysis to go into a condition of unusually deep abstraction, to such a degree that on breaking off the analysis she failed to remember, save very imperfectly, the memories elicited. Such an abstraction is hypnosis.

Finally, after all endeavors to discover the genesis of the phobia by analysis were in vain, I tried another method. While she was in hypnosis I put a pencil in her hand with the object of obtaining the desired information through automatic writing. *While she was narrating some irrelevant memories of her mother*, the hand rapidly wrote as follows: "G — M — church and my father took my mother to Bi —, where she died, and we went to Br —, and they cut my mother. I prayed and cried all the time that she would live and the church bells were always ringing and I hated them."

When she began to write the latter part of this script she became depressed, sad, indeed anguished; tears flowed down her cheeks, and she seemed to be almost heartbroken. In other words, it appeared as if she were subconsciously living over again the period described in the script. I say subconsciously for she did not know what her hand had written or why she was anguished. During the writing of the first part of the script she was verbally describing other memories; during the latter part she ceased speaking.

¹In making the analysis, therefore, I was in no way antagonistic in my mind to the Freudian hypothesis.

After awakening from hypnosis and when she had become composed in her mind she narrated, at my request, the events referred to in the script. She remembered them clearly as they happened when she was about fifteen years of age. It appeared that she was staying at that time in G—— M——, a town in England. Her mother, who was seriously ill, was taken to a great surgeon to be operated upon. She herself suffered great anxiety and anguish lest her mother should not recover. She went twice a day to the church to pray for her mother's recovery, and in her anguish declared that if her mother did not recover she would no longer believe in God.

The chimes in the tower of the church, which was close to her hotel, sounded every quarter hour; they got on her nerves; she hated them; she could not bear to hear them, and while she was praying they added to her anguish. Ever since this time the ringing of bells has continued to cause a feeling of anguish. This narrative was not accompanied by emotion as was the automatic script.

It now transpired that it was the *ringing* of the church bells, or the *anticipated ringing* of bells, that caused the fear, and not the perception of a tower itself. When she saw a tower she feared lest bells should ring. This was the object of the phobia.¹ She could not explain why she had never before connected her phobia with the episode she described. This failure of association as we know is not uncommon, and

¹I want to emphasize this point because certain students assuming the well-known alleged sexual symbolism as the meaning of steeples and towers will read, and have read, such an interpretation into this phobia. As a matter of fact, although these objects had been originally alleged by the subject herself to be the object of the fear, it was done thoughtlessly as the result of careless introspection. Later she clearly distinguished the true object. Steeples and towers were no more the object than the churches and schoolhouses themselves. They bore an incidental association only, and only indicated where the ringing of bells might be expected to be heard, having been an element in the original episode. Nor were bells *qua* bells the object of the phobia, but the ringing-of-bells, of the kind that recalled the mother's death. In other words, the fear was of bells with a particular meaning. Nor was the fear absolutely limited to tower-bells, for it transpired that the subject had refrained from having, as she desired, an alarm bell arranged in her house in the country (in case of fire, etc.) because of her phobia. (This note is, perhaps, made necessary by the violent shaking of the heads of my Freudian friends that I noticed at this point during the presentation of the paper.)

in this case was apparently related to a determination to put out of mind an unbearable episode associated with so much anguish. There had been for years a more or less constant mental conflict with her phobia. The subject had striven not to think of or look at belfries, churches, schoolhouses or any towers, or to hear the ringing of their bells, or to talk about them. She had endeavored to protect herself by keeping such ideas out of her mind. Before further analyzing the case there are two points which are well worth calling attention to.

1. When the subject subconsciously described the original childhood experience by automatic script there was intense emotion—fear—which emerged into consciousness without her knowing the reason thereof. When, on the other hand, she later from her conscious memories described the same experience, there was no such emotion. In other words it was only when the conserved residua of the experience functioned coconsciously and autonymously as a dissociated, independent process that emotion was manifested. So long as the memories were described from the viewpoint of the matured adult personal consciousness there was no emotion. As a subconscious process they were unmodified by this later viewpoint. This suggests at least that when the phobia was excited by the sight or idea of a tower it was due likewise to a subconscious process, and that this was one and the same as that which induced the experimental phobia.

2. The phraseology of the script is noticeable. The account is just such as a child might have written. It reads as if the conserved thoughts of a child had awakened and functioned subconsciously.

From this history, so far as given, it is plain that the psychosis in one sense is a recurring antecedent experience or memory, but it is only a partial memory. The whole of the experience does not recur but only the emotion in association with the ringing of bells. The rest of that experience: viz., the idea of the possible death of her mother with its attendant grief and anguish associated with the visits to the church, the praying for recovery and finally, the realization of the fatal ending—all that which originally

excited the fear and gave the ringing-of-bells-in-a-tower meaning was conserved as a setting in the unconscious. That this rest of the experience was conserved was shown by the fact that it could be recalled not only by automatic writing, but to conscious memory, although not through association with the phobia. From this point of view the fear of bells ringing may be regarded as a recurrence of the original fear — that of her mother's death — now derived from a sub-consciously functioning setting. The child was afraid to face her grief and so now the matured adult was also afraid.

From another point of view the ringing of bells may be regarded as standing for, or a symbol of, her mother's death with which it was so intimately associated, and this symbol awakened the same fear as did originally the idea itself of the death. An object may still be a symbol of another, although the association between the two cannot be recalled. (The transference of the emotional factor of an experience to some element in it is a common occurrence e.g., a fear of knives in a person who has had the fear of committing suicide.)

The discovered antecedent experiences of childhood then give a hitherto unsuspected meaning to the ringing of bells. It is a meaning — the *mise en scene* of a tragedy of grief and a symbol of that tragedy. But was that tragedy with its grief the *real* meaning of the child's fear, or, perhaps more correctly, the *whole* of the meaning? And is it still the meaning in the mind of the adult woman? Does the mere conservation of a painful memory of grief explain its persistent recurrent subconscious functioning during twenty-five years, well into adult life, so that the child's emotion shall be reawakened whenever one element (bell-tower) of the original experience is presented to consciousness? And, still more, can the persistence of a mere association of the affect with the object independently of a subconscious process explain the psychosis? Either of these two last propositions is absurd on its face as being opposed to the experience of the great mass of mankind. The vast majority of people have undergone disturbing, sorrowful or fear-inspiring experiences at some time during the course of their lives, and they do not find that they cannot for year

afterwards face some object or idea belonging to that experience without being overwhelmed with the same emotion. Such emotion in the course of time subsides and dies out. A few, relatively speaking, do so suffer and then, because contrary to general experience, it is called a psychosis.

We must, then, seek some other and adequate factor in the case under examination. When describing the episode in the church, the subject stated that on one occasion she omitted to go to church to pray, and the thought came to her that if her mother died it would be due to this omission, and *it would be her fault*. The "eye of God"¹ she thought was literally upon her in her every daily act, and when her mother did die she thought that it was God's punishment of herself because of that one failure. Consequently she thought *that she was to blame for her mother's death; that her mother's death was her fault*. She feared to face her mother's death, not because of grief — that was a mere subterfuge, a self deception — but because she thought she was to blame; and she feared to face towers with bells, or, rather, the ringing of bells, because they symbolized or stood for that death (just as a tombstone would stand for it), and in facing that fact she had to face her own fancied guilt and self-reproach and this she dared not do. This was the real fear, the fear of facing her own guilt. The emotion then was not only a recurrence of the affect associated with the church episode but a *reaction to self-reproach*. The ringing of bells, somewhat metaphorically speaking, reproached her as Banquo's ghost reproached Macbeth.

All this was the child's point of view.

But I found that the patient, an adult woman, *still*

¹This idea had its origin in a child's fairy tale, and had been fostered by the governess as a useful expedient in enforcing good behavior. The child, accepting the fairy legend, believed the eye of God was always on her and everyone in the world and observed all that each did or omitted to do. The legend excited her imagination, and she used to think about it and wonder how God could keep His eye on so many people as there were in the world. At a still earlier age, when she was about eight, she had thought her little brother's death was also her fault, because she had neglected one night, at the time of his illness, God's eye being upon her, to say her prayers. For a long time afterwards she suffered similarly from self-reproach. It is interesting to compare the outgrowing with maturity of this self-reproach with the persistence of the later one, evidently owing to the reasons given in the text.

believed and obstinately maintained that her mother's death was her fault. She had never ceased to believe it. Why was this? Why had not the unsophisticated belief of a child become modified by the maturity of years? It did not seem to be probable that the given child's reason was the real adult reason for self-reproach. I did not believe it. A woman forty years of age could not reproach herself on such grounds. And even if this belief had been originally the real reason, as a matter of fact she had outgrown the child's religious belief. She was a thoroughgoing agnostic. Further probing brought out the following:

Two years before her mother's death, the patient, then thirteen years old, owing to her own carelessness and disobedience to her mother's instructions, had contracted a "cold," which had been diagnosed as incipient phthisis. By the physician's advice her mother took her to Europe for a "cure," and was detained there (as she believed) for two years, all on account of the child's health. At the end of this period a serious, chronic disease from which the mother had long suffered, was found to have so developed as to require an emergency operation. The patient *still believed* and argued that if her mother had not been compelled to take her abroad she (the mother) would have been under medical supervision at home, would have been operated upon long before and in all probability would not have died. Furthermore as the patient had heedlessly and disobediently exposed herself to severe cold, and thereby contracted the disease compelling the sojourn in Europe, she was to blame for the train of circumstances ending fatally.

All this was perfectly logical and true, assuming the facts as presented. Here then, was the real reason for the patient's persistent belief that her mother's death was her fault, and the persistent self-reproach. *It also transpired that all this had weighed upon the child's mind, and that the child had likewise believed it.* So the child had two reasons for self-reproach: One was neglecting to pray and the other was being the indirect cause of the fatal operation. Both were intensely believed in. The first based on the "eye of God" theory she had outgrown, but the other had persisted.

Summing up our study to this point: All these memories involving grief, suffering, self-reproach, bells and mother formed an unconscious setting which gave meaning to bells in towers, and took part in the functioning to form a psychic whole. The conscious psychosis was first the emergence into consciousness of two elements only, the perception and the affect; and the fear was a reaction to self-reproach, a fear to face self-blame.

Now, even if the mother's death were logically, by a train of fortuitous circumstances, the patient's fault, why did an otherwise intelligent woman lay so much stress upon an irresponsible child's behavior? The child, after all, behaved no differently from other children. People do not consciously blame themselves in after life for the ultimate consequences of childhood's heedlessness.

According to common experience such self-reproaches do not last into adult life without some continuously acting factor.

A search in this case into the unconscious brought to light a persisting idea that when events in her life happened unfortunately it was due to her fault. It had cropped out again and again in connection with inconsequential as well as consequential matters. She had, for instance, been really unable on many occasions to leave home on pleasure trips for fear lest some accident might happen within the home and, consequently, it would be due to her fault; and if away she was in constant dread of something happening for which she would be to blame. It was not a fear of what might happen, an accident to the children, for example, but that it would be her fault. I have heard her, when some matter of apparently little concern had gone wrong, suddenly exclaim, "Was it my fault?" her voice and features manifesting a degree of emotion almost amounting to terror. When her brother died (still earlier, before her mother's death) she had blamed herself for that death, as later with her mother, on the same religious grounds. This self-reproach for happenings, fancied as due to her fault, has frequently appeared in her dreams. It would take us too far afield to trace the origin and psychogenesis of this idea. Suffice to

say, it can be followed back to early childhood when she was five or six years of age. She was a lonely, unhappy child. She thought herself ugly and unattractive and disliked, and that so it always would be through life, and it was all her fault because she was ugly, as she thought.¹ The instinct of self-abasement (McDougall)² or negative self-feeling (Ribot) dominated the personality as the most insistent

¹Another example of this idea, and of the way it induced a psychosis, is the following: She had an intense dislike to hearing the sound of running water. This sound induced an intense feeling of *unhappiness and loneliness*. This feeling was so intense that whenever she heard the sound of running water she endeavored to get away from it. The sound of a fountain or rain water running from a roof, for example, would cause such unpleasant feelings that she would change her sleeping room to avoid them. Likewise, drawing water to fill the bathtub was so unpleasant that she would insist upon the door being closed to exclude the sound. She could give no explanation of this psychosis. It was discovered in the following way. She had been desirous of finding out the cause, and we had discussed the subject. I had promised that I would unravel the matter in due time, after the other phobia had been cured. I then hypnotized her, and while she was in hypnosis, and just after we had completed the other problem, she remarked that a memory of the running water association was on the verge of emerging into her mind. She could not get it for some time and then, after some effort, it suddenly emerged. She described it as follows: "It was at Bar Harbor. I was about eight years of age. There was a brook there called Duck Brook. The older girls used to go up there on Sundays for a walk with the boys. I went with them one Sunday, accompanied by the governess, and was standing by the brook with a boy. It was a very noisy brook, the water running down from the hillside. While I was standing by the brook watching the running water the boy left me to join the other girls, who had gone off. I thought that was the way it would always be in life; that I was ugly and that they would never stay with me. I felt lonely and unhappy. During that summer I would not join parties of the same kind, fearing or feeling that the same thing would happen. I stayed at home by myself, and when I refused to go it was attributed to sullenness. They did not know my real reasons. Ever since I have been unable to bear the sound of running water, which produces the feeling of unhappiness and loneliness, the same feeling that I had at that time. I thought then that it was all my fault because I was ugly." It was then tentatively pointed out at some length to the subject that as she now knew all the facts, which had been brought to the "full light of day," etc., she of course would no longer have her former unpleasant emotions from the sound of running water. Hereupon, to put the question to the test, I reached out my hand and poured some water from a carafe, by chance standing by, into a tumbler, letting the water fall from a height to make a sound. At once she manifested discomfort and sought to restrain me with her hand. The setting had to be changed. This was easily done by leading her to see that her childhood's ideas had been proved by life's experiences to be false. When this became apparent she laughed at herself, and the psychosis ceased at once.

²Social Psychology.

instinct, and from its intensity within the self-regarding sentiment (McDougall) formed a sentiment of self-depreciation. She wanted to be liked, and believed it to be her own fault that, as she fancied, she was not, and reproached herself accordingly. This sentiment of self-depreciation, with its impulse to self-reproach, has persisted, as with many people, all her life, and has been fostered by unwise and thoughtless domestic criticism. The persistence to the present day of this impulse to self-reproach is shown in the following observation: Quite recently this subject began to suffer from general fatigue, insomnia, distressing dreams, hysterical crying, indefinable anxiety, and sort of twilight states or extreme states of abstraction. In these states she became oblivious of her environment, did not hear the conversation going on about her, nor answer when directly spoken to. This became so noticeable that she became the jest of her companions. In these states her mind was always occupied with reveries, though mostly pleasant, regarding a very near relative who had died about six months previously. Her distressing dreams also concerned this relative. It appeared, therefore, probable on the face of the symptoms that they were in some way related to this relative's death.

Now it transpired, as I already knew, that the relative had died under somewhat tragic circumstances, and that our subject's experience during the last illness was unusually distressing and sorrowful. *This experience, she asserted, she could not bear to speak or even think about, and over and over again had refused to do so and put it out of her mind. She further asserted that her reason for this attitude was the distressing nature of the scenes in which she took part.*

Now I did not believe that this was the true reason, although given in good faith. It was improbable on its face. To say that a grown woman, forty years of age, could not do what every woman can do, tolerate sorrowful memories simply because they were sorrowful, and must, perforce, put them out of mind, is sheer nonsense. There must be some other reason.

On examining a dream it was found to be peculiar in one respect: It was not an imaginative or fantastic compo-

sition, but a detailed and precise living over again of the scenes at the death-bed; that is to say it was a sort of somnambulistic state. In recalling this dream¹ she could not for some time recover the ending. Finally it "broke through," as she expressed it. The dream was as follows: First came many details of the vigil of the last night of the illness; then she returned to her room and to bed to snatch a few moment's sleep; she was waked up by the husband of the dying relative appearing in her room. He sat on the edge of her bed and said to her, "All is over." Up to this point the facts of the dream were actual representations in great detail of the actual facts as they had occurred, but at this moment the dream presented a fact which had not occurred in the real scene; she suddenly, in the dream, sat up in bed and exclaimed, "My God! then I ought to have sent for the doctor!"

Here was the key to the intolerance for memories of the illness of the relative and the death-bed scene. What had happened was this: The question had arisen early in the illness whether or not a doctor should be sent for from London in consultation. The expense, owing to the distance, would have been considerable. The whole responsibility and decision rested upon the subject. Against the opinion of other relatives she had decided that it was inadvisable. After the fatal ending the question had arisen again whether or not she ought to have sent for the consultant, and she had been tormented by the doubt as to whether she did right. *Was the fatal result her fault?* Although she had reasoned with herself that her decision was good judgment and right, still there had always lurked a doubt in her mind. She was also somewhat disturbed by the thought of what the husband's opinion might be.

The real reason why she could not tolerate the memories of the last illness of this relative, and the psychogenesis of the symptoms now were plain: they were not grief but self-reproach with its instinct of self-debasement. The memories brought to her mind that the fault was hers and with the thought came self-reproach. *This self-reproach she was afraid of and unwilling to face.*

¹This was done in hypnosis; the dream being forgotten when awake.

Now follows the therapeutic sequel: The relative's illness at the beginning was in no way of a dangerous nature, and the proposed consultation had nothing to do with the question of danger to life. The death was due to a purely accidental factor and could not have been foreseen. When I assured her in hypnosis, *with full explanation*, that her decision had been medically sound, as it was, the change in her mental attitude was delightful to look upon. "Wasn't it my fault! Wasn't it my fault!" she exclaimed in excitement. Anxiety, dread, and depression gave way to exhilaration and joyousness. She woke up completely relieved in mind, and retained the same feeling of joy, but without knowing the reason thereof. The explanation was repeated to her in the waking state, and she then fully realized (as she did also in hypnosis) that her previous view was a pure subterfuge and fully appreciated the truth of the discovered reason for her inability to face her painful memories. The twilight states, the insomnia, and the distressing dreams, the anxiety, and other symptoms ceased at once.

Returning to the phobia for bells, in the light of all these facts, the patient's belief that her mother's death was her fault and the consequent self-reproach were obviously only a particular concrete example of a lifelong emotional tendency originating in the experiences of childhood to blame herself; and this tendency was the striving to express itself of the instinct of self-abasement (with the emotion of self-subjection) which, incorporated within "the self-regarding sentiment" (McDougall), was so intensely cultivated and had played so large a part in her life. Indeed, this instinct had almost dominated her self-regarding sentiment, and had given rise time and again to self-reproach for accidental happenings. It now specifically determined her attitude of mind towards the series of events which led up to the fatal climax and determined her judgment of self-condemnation and self-reproach. These last most probably received increased emotional force from the large number of roots in painful associations of antecedent experiences (particularly of childhood) in which the self-regarding

sentiment, self debasement, and self-reproaches were incorporated.¹ *Nevertheless the fear was of a particular self-reproach.* The general tendency was of practical consequence, only so far as it explained the particular point of view and might induce other self-reproaches.

As a general summary of this study it would appear that we can postulate a larger setting to the phobia than the grief-inspiring experiences attending her mother's death. The unconscious complex² included the belief that she was to blame and the sentiment of self-reproach, and the whole gave a fuller meaning to the ringing of bells in a tower. The fear besides being a recurring association was also a reaction to the subconsciously excited setting of a fancied truth or self-accusation. Although excited by towers and steeples the fear was really of self-reproach. Towers, steeples and bells not only in a sense symbolized her mother's death, but her own fancied fault. It was in this sense and for this reason that she dared not face such objects. The conscious and the unconscious formed a psychic whole.³

¹For instance, when I came to the therapeutics I found in abstraction that the patient did not want to give up her point of view "because," as she said "it forms an excuse so that when I feel lonely, if there is nothing else to be lonely about, I have that memory and point of view to fall back upon as something to justify my crying and feeling lonely and blue."

When she now feels blue and cries, as happens occasionally, and she asks herself, Why? then she drifts back in her mind to childhood and remembers she was lonely, and then cries the harder. Then she vaguely thinks of her mother's death being her fault. She likes, therefore, to hold on to this as a peg on which to hang any present feeling of blueness and loneliness.

²I distinguish between unconscious and subconscious in that the former (according to my terminology) is a subdivision of the latter and relates only to the conserved residua of past experiences and processes which have no psychological equivalent, while subconscious besides these also includes co-conscious processes.

³Some, I have no doubt, will insist upon seeing in towers with bells a sexual symbol, and in the self-reproach a reaction to a repressed infantile or other sexual wish. But I cannot accede to this view, first, because a tower was not only not the real object of the phobia, but not even the alleged object, which was the ringing of bells; second, because it is an unnecessary postulate unsupported by evidence, and third, because in fact the associative memories of early life were conspicuously free from sex knowledge, wishes, curiosity, episodes and imaginings, nor was there any evidence of the so-called "mother-complex," or "father-complex" or any other sexual complex that I could find after a most exhaustive probing. The impulses of instincts other than sexual are sufficient to induce psychical trauma, insistent ideas and emotion. To hold otherwise is to substitute dogma for the evidence of experience.

Now in reaching these conclusions see how far we have traveled: Starting with an ostensible phobia for towers, we find it is really one of ringing-of-bells, but without conscious association: then we reach a childhood's tragedy, then a self-reproach on religious grounds, then a belief in a fault of childhood behavior culminating in a lifelong self-reproach—the causal factor and, psychologically, the true object of the phobia. And between this last self-reproach and the phobia no conscious association.

The *therapeutic* procedure and results are instructive. As the fear was induced by a belief in a fancied fault exciting a self-reproach, obviously if this belief should be destroyed the self-reproach must cease and the fear must disappear. Now, when all the facts were brought to light, the patient, as is usual, recognized the truth of them. She also recognized fully and completely the real nature of the fear, of the self-blame and of the self-reproach. There remained no lingering doubt in her mind, nevertheless the bringing to "the full light of day" of all this did not cure the phobia. As the first procedure in the therapeutics it was pointed out that it was contrary to common sense to blame herself for the heedlessness of a child; that all children were disobedient; that she would have been a little prig if she had been the sort of a child that never disobeyed, and that she would not have blamed any other child who had behaved in a similar way under similar circumstances, and so on. She simply said that she recognized all this intellectually as true and yet, although it was the point of view which she would take with another person in the same situation, it did not in any way alter her attitude towards herself. In other words, the bringing to the full light of day of the facts did not cure the phobia. It was necessary to change the setting of her belief. *To do this either the alleged facts had to be shown to be not true, or else new facts had to be introduced which would give them a new meaning.* This, briefly told, was done in the following way.

She was put into light hypnosis in order that exact and detailed memories of her childhood might be brought out. Then, through her own memories, it was demonstrated, that is to say the *patient herself demonstrated*, that there

was considerable doubt about her having had phthisis at all; that she was not taken to the usual places of "cures" for phthisis, but sojourned in the gay and pleasant cities and watering-places of Europe; that her mother really stayed in Europe because she enjoyed it and made an excuse of her daughter's health not to come home; that she might have returned at any time but did not want to do so; and that the fault lay, if anywhere, with her physician at home. When this was brought out the patient remarked, "Why, of course, I see it now! My mother did not stay in Europe on account of my health but because she enjoyed it, and might have returned if she had wanted to. I never thought of that before! It was not my fault at all!" After coming out of hypnosis the facts, as elicited, were laid before the patient. She again said that she saw it all clearly, as she had done in hypnosis, and her whole point of view was changed.

The therapeutics, then, consisted in showing that the alleged facts upon which the patient's logical conclusions had been based were false: the setting was altered, and thereby a new and true meaning given to the real facts. The result was towers and steeples no longer excited fears, the phobia ceased at once — an immediate cure.¹

¹It is worth noting that between the bringing to the "full light of day," the facts furnished by the analysis and the cure, a full year and a half elapsed during which the phobia continued. The "cure" was effected at one sitting. The original study was undertaken on purely psychological grounds; the cure for the purpose of completing the study.

THE PSYCHOLOGICAL ANALYSIS OF SO-CALLED NEURASTHENIC AND ALLIED STATES — A FRAGMENT¹

BY TRIGANT BURROW, M.D., PH.D.,
BALTIMORE, MD.

THE profession of medicine has long been a prey to certain deep-seated prepossessions in regard to the constitution of so-called neurasthenic and allied states, but we are now beginning to feel that the time has come when we must test these conditions with other controls than those falling ordinarily within the ken of conventional medical criteria.

Etymologically, of course, neurasthenia means an exhaustion of the nerve structure—a condition involving actual physiological modifications within the neural elements. It is a fatigue-state, induced by chemical or molecular alterations of the substance of the neurones. Neurasthenia is then essentially an anatomical process.

This description based upon specific tissue changes is, from the standpoint of physiological pathology, a sufficient definition. But clinically, we do not actually find in neurasthenia a constancy of symptom manifestations corresponding to this theoretically uniform physiological substrate, and the sequence between the imputed physiological alterations and the observed clinical phenomena is not always sufficiently consistent to admit of our assuming a causal correlation between them. In other words, we hold that the definition of neurasthenia here formulated is not always appropriate to the various aberrant states which are at present universally subsumed under this generic head.

The question then is whether we are longer to remain satisfied with the prevailing static, neurological conception of this widely variable disease-complex, or whether we

¹Read in part at the meeting of the American Psychological Association, Washington, D. C., Dec. 29, 1911. Read in full before the American Psychoanalytic Association, Boston, Mass., May 28, 1912. Published by courtesy of the *Internat. Zeitschrift. f. Ärztliche Psychoanalyse*.

ought not rather to press for a more restricted, individual, dynamic interpretation, such as may be yielded through a psychological analysis of the particular case.

As evidence tending to support this more characterological conception of the process in question, the writer ventures to submit certain observations, which, though made for the most part under the inadequate conditions of a crowded, out-patient dispensary, where opportunity was afforded for but weekly instead of daily consultations with the patient, yet offer data which are highly significant.

The case we wish to consider is that of a woman forty-five years of age, presenting the typical syndrome commonly described as "neurasthenic." It is of psychological interest that the patient has, from her childhood, lived a peculiarly narrow, restricted life. As a girl she was never permitted the pleasures normal to her age, but was early inured to hard work, tedious cares and premature responsibilities. As she herself expressed it, she was never permitted to be "like other girls."

Until four years ago the patient had always been well, but at that time she began to show a decline in strength and to feel considerable physical distress which was assigned to the strain attendant upon the care of a sick sister and her sister's two young children.

This married sister, with her children, had always lived at home with her mother, and as the patient is one of those traditional elder sisters to whose lot it falls to bear the burdens of the household, the care and responsibilities of this family, as well as her own, devolved almost wholly upon her.

At the beginning of her illness, the patient's chief complaints were general weakness, indigestion, and pain in the back and groin. An examination at that time having failed to elicit the cause of the discomfort, suspicion immediately fell, as it usually does in such cases, upon the pelvic organs, and the penalty commonly incurred by women manifesting inscrutable complaints was imposed.

The operation consisted of the removal of the uterus and of the appendix; in addition, a movable kidney was rendered stable. Yet all this did not abate the symptoms in the slightest degree.

This case, therefore, presents symptoms which are noteworthy in respect to two important features: First, because of the lack of that coherence and systematization, which we are wont to demand in the recognized clinical disease-entities; and second, because of the absence of such objective morphological findings, as might have borne out the patient's subjective complaints.

Clearly, in such a case, we are confronted with an apparent discrepancy. Here is a patient who obviously experiences great distress, being indeed incapacitated in consequence of her illness, with very serious personal loss and inconvenience, yet whose symptoms lack a consistency sufficient to allow of their explanation upon a satisfactory organic basis.

In strict observance of established medical precepts, such a patient should be excluded from the clinical pale.

To escape this alternative, neurology has invoked the conception of functional changes having their basis in dis-integrations occurring within the elements of the nervous system, presumably so minute as to be impalpable to ordinary objective tests. This conception, indeed, affords a comforting subterfuge. For, since the neural tissues constitute a unit whose extensions are systemic in their distribution, one may justly feel that having incriminated the nervous system in general, very nearly anything in particular may be accounted for with entire propriety. And so it has been the custom to attach to such cases the tag of "neurasthenia," and there the matter ends, in so far, at least, as concerns the study of the causative factors responsible for such processes. This seems, however, an insincere dodging of issues which is unworthy of the scientific ideal.

Leaving aside, then, hypothetical constructions, based upon mere abstract generalizations, and abandoning the artificial attempt to explain the various psycho-physical reactions of the neurasthenic upon the ground of supposititious anatomical changes, we turn now to look for such objective psychological data as may be furnished through an analysis of the patient's unconscious affects, as presented chiefly in the symptoms and in the dreams, and so we seek

to correlate these phenomena with such basic trends as belong to the sphere of the individual's inherent instincts and emotions.

The use of the psycho-analytic method compels the recognition of important underlying affective trends, such as seem ever insatiably pressing for satisfaction, and it would appear that in the event of obstruction to the natural course of such instinctive tendencies, there occur vicarious gratifications in unconsciously motivated reactions, such as are allied with the former through what may be called *organic associative connections*. It is precisely these *organic associations*¹ which constitute, in this view, the so-called symptoms of the patient.

The phenomenon furnishing strongest support in the present case for such an interpretation is the persistent reiteration revealed through analysis of one and the same unconscious trend throughout the patient's dreams, and the very striking analogy between the psychological imagery of the patient as presented in her dreams and *the organic imagery*, if I may use this expression, as presented in her symptoms, the former appearing at times to merge into the latter. This fact was noted where opportunity was afforded of observing the transition between the dream- and the waking-state.

An analysis of the patient's dreams presents marriage and maternity as their unremitting theme. That is to say, the patient's complexes pertain predominantly to the

¹It might at first appear that what I here call an *organic association* is but another name for Freud's "hysterical conversion." Essentially it is so. That is, we are dealing here, as there, with precisely the same psycho-biological mechanism. There is, however, between such organic associations and the conversions of hysteria, a difference of degree that is noteworthy, the former pertaining, in my conception, to an earlier, remoter developmental mode; *i. e.*, they belong, biologically, to a lower ontogenetic level. In other words, the processes characteristic of so-called neurasthenic states are a sort of *metabolic hysteria*, the vicarious reactions of neurasthenia representing mechanisms which have been transposed to more organic equivalents than those presented in the more obvious *i. e.*, recent symbolic substitutions of hysteria. We may, therefore, say that the processes occurring in neurasthenia represent mechanisms of repression involving conversions that entail associations which are so far remote from consciousness as to have become *molecular*, and which for this reason we may designate *organic associations*.

sexual and reproductive spheres; to illustrate, she dreams constantly of receiving attentions, gifts, flowers, missives and love-tokens from a young man, and as constantly she dreams that she is holding a child in her arms, that a child is given to her, that she is carrying a child, that she is pregnant, and that she is giving birth to a child, etc.

Frequently in her dreams she will impersonate her sister, representing herself as occupying her sister's room, and like her sister, having her husband and her child with her.

Indeed, of all the dreams which the patient has submitted up to date, amounting to above one hundred, there is not one that does not reveal, on analysis, this ever recurrent tendency.

Observing her symptoms closely, one sees in them a striking resemblance to the symptoms of pregnancy: headaches and nausea, especially in the morning; a feeling of weakness, pain in the back and abdomen, a sense of weight and fulness in the abdomen and in the legs, which causes difficulty in going up and down stairs, etc.

Compare the significance of these symptoms with the implication of the patient's dreams. She dreams of a fruit which attains so enormous a size that the tree which bears it is bent under it, and finally can no longer support its weight. As the fruit falls, it is suddenly transformed into a child which she recognizes as her own. Again she dreams of a long black silk coat suitable to wear during times of pregnancy. She remarks that the coat fits her perfectly and she puts it on, when straightway a child appears, etc.

We have here instances of what seems, on the hypothesis, an immediate replacement of the dream phantasies by the symptoms of the waking state — instances in which the psychic content of the dream appears to pass directly over into the *psychic content* of the symptom — an interesting concomitance which frequently furnishes a convenient key to the direct interpretation of the dream.

The following dream,¹ besides reproducing in scenic

¹It should be said that throughout the analysis, which, let it be understood, is at best but partial, I was confined almost exclusively to the method of *analogy*, as the external conditions together with the patient's cultural limitations quite precluded the more adequately controlled method of *association*. However, as in general, the transparency of dream symbolization varies inversely as the intellectual attainment of the subject, the inferential interpretation in the present case, supported by the scant associations obtained, will perhaps prove sufficient.

condensation the essential gist of the neurosis, well illustrates the transition just mentioned. These dreams were for the most part submitted in writing, as necessitated by the infrequent sessions. The patient writes: "I dreamed I went to the grocery store, where we deal (when a girl the patient assisted her father, now dead, in conducting a small grocery shop over which the family resided), and the man asked me what I wanted. I said I would like to have a pair of bedroom slippers. (Patient associates with "bedroom" slippers a pair worn by her married sister when confined to the house in later weeks of pregnancy.) He said, 'The lady is not here to-day,' that I would see her at her home, yet she lives where he has the store. When I got to her home, I walked right into the house, and saw a lady standing in the dining-room; she said something to me I did not understand. I walked out into the kitchen and saw the lady who lives at the store. I think she was polishing the stove-pipe. The stove was a large and square one, not built in the wall. This lady said, 'How are you?' I said 'I feel very bad to-day.' I was trembling and I noticed that my stomach was very swollen. I then noticed how I was dressed. I wore a white skirt and a long, black cape. (This outfit again recalls her sister's mode of dress during terminal weeks of pregnancy.) All of a sudden I saw a large brown dog (patient is a brunette) lying at my feet. He was wild looking, as if he were ready to tear me to pieces, if I would move. (This expression 'to tear to pieces' recalls to patient's mind the idea of tearing some one to pieces out of the intensity of one's affection.) He also showed some teeth; I felt like I would drop. I was very nervous when he showed his teeth. Then something white fell down right in front of me, which I thought was a large piece of white paper. The dog quickly tore it to pieces, as if he were perfectly wild over it. I did not see the dog after that. Then I saw a white napkin fall in front of me, which, falling, I saw that the four corners spread open (association with napkin is an infant's napkin) as it was folded like a square but opened at one corner. I then had a package in my left arm which I held close to me; I also had a small roll of linen bandage in the same arm.

(The patient associates with the package, held close to her, a child — a frequent symbolism throughout her dreams — and the linen roll she associates with a bandage used for swathing a new-born infant.) I dropped it and tried to pick it up but could not (because of the swollen and weighty abdomen). Then I awoke and felt terribly 'nervous' and with pain and weight in my stomach and back which have lasted all day."

These symptoms, it will be seen, are but exaggerations of the patient's habitual complaints.

Another one of this patient's dreams, pertinent in this connection, is the following: "I dreamed I went into a drug store which was R—'s (the nearest drug store to my house, and quite remote from the section of the city in which the patient lives). When I got in the store I did not see anything but a counter and I asked for ten cents' worth of cold cream in a jar — I use it for chapped hands — and he showed me a tube which contained the cold cream, and it had a little screw on the top and he took that off and asked me to taste it. I didn't want to take it, but he said it was the best. I said it wasn't the kind I wanted and I had never tasted cold cream — called, I think, 'Colgate's Dental Cream' — then I went out of the store and came back again and there was a crowd of ladies in the store and a lady came to wait on me. She was standing back of the counter, so I asked her for cold cream. I woke up," she adds, "lying on my back and I was so uncomfortable and had a pain in my back, because I never lie on my back, but always on my right side."

Again: "I dreamed I was standing at the corner waiting for a car, when the car came around the corner another car followed. I was surprised to see what the car looked like. It was short and high and was made of electric wires" (a frequent sexual symbolization throughout the patient's dreams and fancies). "A lady was sitting in the car and a man was standing on the steps. He wanted to help me on; as I put my foot on the step I awoke as nervous as I could be."

The following characteristic fragment of the patient's general nosological complex is a rather interesting element

of the whole. Coming into the room one day she said: "Yesterday I ate some candy and right straight I had an awful pain in my head and eyes. The candy was French candy belonging to my sister — one piece was oval and one crescent shaped. When my head aches, every now and then my heart thumps a hard thump." One day she complained that her heart felt as though it were "hanging by a string and swinging about inside of her like a pendulum."

In one of her dreams she sees a small pond before her. It is surrounded by low shrubs reminding her of "maiden-hair ferns." Opposite her and across the pond there is a tent in which a small child is seated, the child just fitting into the tent snugly. The child has a handkerchief wound several times around its neck.

It should be said that in speaking of the pain in the eyes the patient remarked on one occasion that "it felt just like an electric wire were being bored right into the pupil." Asked for associations she said: "It's like an operation — a surgical operation — you do not want me to tell you about *my* operation, do you?" She then describes her operation, concluding with, "I know it isn't necessary to tell you that I vomited as long as the wire was in me, but I stopped as soon as they took it out!"

Here are other dreams which he who runs may read. I offer them quite at random. "I dreamed that I was going to a dentist and when I knocked at the — I mean when I rang the bell a young girl opened the door, and I asked her if the dentist was in, and she said, 'No.' So she asked me to come up-stairs and wait for him (I have to laugh because it seems so silly, and I don't understand it), which I did. So she opened a door and told me to look in that room. Then I saw a large white bed on one side and a small bed on the opposite side of the room — enamel bed, too. The room looked like it was nicely furnished, and I waited a while, but he didn't come, and so I went home. That's all of that."

"I dreamed I was sitting in my bedroom, working at some fancy work — it was a centerpiece — when I heard somebody coming up the steps. I looked up and saw a tall young man standing in the doorway. He said 'I would

like to introduce this gentleman to you.' I gave no answer, but thought he looked rather strange; his face looked blurred, and he wore a dark suit. At the same time a little child ran up to me and sat on my lap, and said, 'I was looking for you,' putting her arms around my neck, then resting her head on my shoulder."

In the following dream, there is again afforded an instance of that organic continuity, as we may call it, between the psychic symbolism underlying the dream and the somatic symbolism presented in the symptoms.

"I dreamed I was in another home asleep in bed, and when I awoke I saw that the bed was close against the wall and that the covers of the bed were all laid over the foot. The mattress was blue and white striped, and was very wet." (Blue and white is the color combination usual for girl infants, as distinguished from pink and white commonly associated with boys; the two children of patient's sister are girls.) "I stepped out of bed; I saw a lady walk toward me; she disappeared. I then walked out on the porch, which had no railing, and I saw a lily-pond wherein were three lilies. I put my foot in the water to see how deep the water was; it was not very deep; one could walk through it. But I thought 'I had better walk over on the board.' I walked half-way, a man walked toward me on the same board. When we reached the center of the board, it was too narrow for both of us to pass, so he said nothing and stepped into the water. Then I awoke with a very bad headache."

Another dream of a like nature is the following: "I saw a steamer crossing the bay while I was standing on the pier, and when I looked about I saw lots of elevators on the pier. I was going up and down on every one of them alone, when suddenly a man came along and got on one of them. Then I awoke and felt terribly nervous."

One morning the patient came in, complaining particularly of a severe headache, which was especially intense through the eyes. She had felt it, she said, ever since she had awakened in the morning after the following dream: "I dreamed that somebody handed me three sealed envelopes; one had something printed on it, but I could not understand what it was; they were handed to me in the

shape of a fan. I did not see who handed them to me, as it was very dark. I remember it was on the street; I went into the house and saw some fruit on the table in a dish, and the dish broke *while I was looking at it.*" (The italics are mine.) Consider above-mentioned fancy of "an electric wire being bored right into the pupil." Of the electric wire more anon.

Still another dream showing the consanguinity between the psychological content of the dream-imagery and that of the nosological manifestation with which it is contiguous is this:

"I took my sister's two children to see a parade, when, getting off the car, which was very crowded, I lost my little nephew. Suddenly he stood before me, crying bitterly; then I took him and my little niece to see the parade. I took them to the dispensary with me, and to my surprise the parade was held there. They were all officers. I do not know what became of the children after that, but I went up town to buy a coffee strainer. Then I saw some nice blankets in the store, but because they were red and white striped, I did not buy them but asked if they had blue and white striped." (See observation above as to symbolism expressed in this color distinction.) "The saleslady said she would have them in on Friday (the day appointed for the next session in the analysis). I looked about and saw a pair of slippers which I thought I would buy for my sister. When I picked them up I looked at the soles; the one had a very large patch on it, so I did not buy them. I went to another counter, then looked in my basket, and saw a very large thimble in there. It rather surprised me, because I did not know who put it in the basket, and because it was too large for anybody to wear. Then I awoke with terrible burning pains and feeling very exhausted."

The following dream is interesting because of the very naive sexual symbolization it embodies.

The patient says: "I dreamed that the table was set in the kitchen, but did not see anything on the table. Mother, two ladies and myself, were sitting at the table talking, but I do not know what we were talking about. Then I heard two very loud knocks at the door. I went

there and opened the door and a young man handed me an open envelope with a white sheet of paper lying across it with nothing written on it, and said, 'Put this in your pocket,' which I did. I then saw something hanging out of my pocket. It looked like the size of the piece of paper, but dark green looking. I had on a house-dress which had a pocket on the side. This seemed to be in the evening, as the lights were lit. It seemed to me I came down-stairs and walked out in the kitchen and said to my mother, 'I feel as if I would like to have something to eat.' She said, 'Go out into the store (father's store) and get whatever you want.' I saw a glass case on the counter with a half of a custard pie in it and a small piece was cut off, but I did not take it."

After a pause, the patient added: "When the young man handed me the envelope, the piece of paper rolled together as I took it in my hand; as I put it in my pocket it seemed to open up and turned dark."

Continuing her unconscious theme, the patient says: "I dreamed I walked into a room, and sat on a chair, feeling very tired,— I put my arm on the chair and rested my head on it, when the door opened and a tall young man came in and sat down at the table resting his head the same as I did. I admired the black suit he had on; I thought to myself 'it looks like it's of good quality.' Neither of us spoke a word, we were both sitting at the table; books were on the table. My youngest sister was sitting on the other side of the room, yet I did not see her, when suddenly the window was opened and somebody threw a letter on the table with my sister's name on it. I handed it to her, yet did not see her, then the postal card which came with it I could not read, the print was not at all clear, and a package which was thrown in also contained no writing, but was tied with a cord." Consider the dream in which the patient sees before her a child fitting snugly in a tent and having a handkerchief wound several times about its neck. Recall also the fancy that her heart was suspended by a string.

The next dream is amusing in its incriminating transparency and affords convincing evidence that behind all

the decorous defenses and squirming protestations of even the demurest old maids there yet lurks the inexpugnable presence of the cosmic instinct of sex. It were well for sociologist and pedagogue to ponder the lesson that is pointed to in such unconscious disclosures.

"I dreamed my youngest sister and I were going to a picnic. While we were standing in the street waiting to cross, lots of wagons passed with men in them, who were shouting. I said to sister, 'This is too much noise for me. I am going somewhere else.' I went alone. Then I found myself in a store walking around some furniture, yet could not see what kind of furniture it was, but saw a banister where a lady was writing, yet do not know who she was. She dropped a drop of black ink with a pen on my white skirt that I wore; then she dropped two more drops on it. I said 'Oh, what is that?' Then it spread rapidly all over the front part of my skirt, until it was one large black spot. This made me feel very nervous. I asked the lady to quickly get me a bucket of water so I could wash out the ink; but it did not come out, so a man said something to her. I saw no man, only heard his voice, but could not understand what he said to her. Then a thought came to my mind, 'Milk washes out ink stains.' Then I awoke."

Again: "I dreamed that a friend of mine came to see me who lives in another city. I said to her, 'Where is your little boy?' She said, 'He wanted to come alone, he is coming by boat.' As she told me that, I looked for him. I saw him coming; he was right in the middle of a large water, in a small row-boat, which I thought looked very pretty. The little boat was made of twisted silver wire; he was sitting in the middle of it, coming along slowly. The boat was raised on both sides."

This child of the patient's friend is nine years old. With "nine years" patient associates "nine months." Patient says that the boat made of silver wire makes her think of "womb" because when she was operated on she was sutured with silver wire. The doctor offered it to her, she says, when it was removed, to have made into a ring. She wishes now she had taken it!

Not having a pencil at hand this day, and wishing to

make some notes, I asked the patient whether she happened to have a pencil. Whereupon she drew from her satchel a much reduced remnant of one, which, smiling and with marked coyness, she said she had carried with her constantly for eleven years. On my later putting the pencil into my pocket under the pretense of inadvertence the patient remonstrated with as much energy as if it had been some relic of rare value.

Characteristically again, she says, "I dreamed I went down to the pier with some lady friends of mine. We saw the steamer coming along slowly, away in the distance, which looked very white. The steamer looked as if it had snow on it. When it was nearing the pier it lay over on the one side of the water, then on the other side, and it kept on steaming along in that manner until it reached the pier. It made me feel very nervous until it arrived safely."

We may cite another dream as being in a sense corroborative of the preceding one.

"I dreamed I was sitting at an open window, when I looked out I saw a deep water, which somebody said was the ocean. The water was very restless. Then I looked on the other side of the water, and I saw a very large lot of grass cut very short, and lots of people walking about, when a lady came up to me and said, 'Let's go down those three steps,' which we did, but I saw that if we had taken another step we would have stepped into the water. Then I went back into that room again where I was sitting, when suddenly a man walked through a narrow hallway. When he came back, to go on the lawn, he brought some children with him; one he carried on his arm. He was also smoking a cigar."

Finally, let us look for a moment at a manifest *Uebertragung* dream. The patient comes in saying that she is very "nervous and trembly" this morning. She blushes and betrays marked self-consciousness. Being seated, she says coquettishly, "I dreamed of you last night, doctor," an avowal which she delivers with a characteristically revealing accompaniment of shy, serpentine contortions, offered in modest repudiation of the inherent sexual connotation she unconsciously devines as the underlying

determination of the dream. The patient has here, as frequently is the case, to be encouraged to proceed. At last she resumes. "Well, I dreamed that my mother was standing in the side door, and the side door was open and a man said to her that he wanted to see me, and she said to him, 'Walk in the dining-room'" (laughs suddenly and blushes deeply, then "forgets") "and then she called me. I came in then from the kitchen and she went out of the side door again. When I came in I saw a doctor sitting on the chair with his hat on. So then I took a seat in the rocker on the other side of the room, and neither of us spoke a word. The doctor was you again." (Much laughter and blushing.) "We sat there awhile and then I went up-stairs to dress to take a walk. Then when I came down the steps I met Dr. Burrow at the door.

"(I have to tell you this dream because you asked me.) Then I was surprised to see a lady waiting outside for you. She was very light complexioned; I do not know who she was. Then the doctor walked off with her. Then I watched you walk a short distance. Then you took your cane (I didn't see you have a cane before that) and struck a gray, oval stone in the sidewalk just in front of my house." At the close of this recital patient showed extreme embarrassment.

This is, as you perceive, a fragmentary presentation selected from the large mass of the unconscious material submitted. It affords, after all, but the merest snapshot of the phenomenon it is intended to illustrate, viz.: the close analogy between the patient's dreams and her symptomatology. It would not be possible, however, to give to these coincident manifestations the correlative value they deserve without tracing in detail the entire course of the analysis. Even then effort would still fall far short of performance. For, as we know, the data obtained through the very varied and complicated technique of psychoanalysis are too intimately bound up with the delicate psychological *rapprochement* existing between physician and patient to be separable from it. The many tenuous phases in the play of thought constituting the peculiar social situation that obtains in the psychoanalytic relation are too subtle and impalpable to admit of objective statement. Though

each manifestation on the part of the patient's unconscious conveys its own nameless *nuance* of meaning that is of the utmost import to the psychoanalyst, yet such subjective intimations of their very nature elude all efforts toward objective systematization. In their impermanence they defy formulation. Too intangible to capture, they must remain with us as a merely esoteric impression. I wish, however, that space permitted the inclusion here of all the patient's dreams. A review of the complete material of the analysis would in the present case, it is believed, set a permanent quietus upon the harsh and unfair impugnment of the Freudian method so often heard, namely,—that its adherents make a point of submitting for publication only such material as they may judiciously compress into the mould of their arbitrary presuppositions.

Now, as we consider the trend of these implications, are we not justified, despite admitted shortcomings, in bringing into question the sweeping neurological interpretation of so-called neurasthenic and allied states, and, in view of the parallelism here indicated between the content of the patient's dreams and the content of her objective symptoms, may we not regard the latter as also answering, in a sense, the purpose of an unconscious charade and as constituting like the dreams, an associative or symbolic representation of an inherent biological trend, which seeks satisfaction in such functional surrogates, because external circumstances have denied it an outlet through the avenues of normal fruition?

The argument, however, does not in the present case, repose upon analogy alone. Of far greater significance is the fact that the patient herself has gradually awakened to a realization of the void of normal interests and incentives in her life, and that she has begun to recognize in the functional manifestations she presents the element of self-propitiation that pervades them. The result of this stock-taking is to clear the way for new beginnings. It is a preparation for the readjustments to be found in suitable directions of sublimation.

From the patient's kindling responsiveness to normal, healthy demands, it is plain that she is on the way to re-

covery. The possibility that this altered condition is due to a simultaneous dispensary régime of quinine and bromides may be readily excluded by reason of the fact that these pharmaceutical resources had proved utterly unavailing during the three years that preceded the attempt to treat the case by the method of psychoanalysis.

From these considerations, it seems justifiable to suggest that the etiology of neurasthenia be more carefully studied from the standpoint of its psychological mechanisms so that through the establishment of the psychogenic factors involved in these conditions a more systematized knowledge may at last be resolved out of the present chaos of uncoördinated anatomical assumptions.

THE POSSIBLE CORRELATION BETWEEN DELUSIONS AND CORTEX LESIONS IN GENERAL PARESIS¹

BY E. E. SOUTHARD, M.D.

Pathologist to the Board of Insanity, Massachusetts; Director of the Psychopathic Department of the Boston State Hospital; Bullard Professor of Neuropathology, Harvard University Medical School.

ASSISTED BY A. S. TEPPER

Medical Student, Bellevue Hospital Medical School, Intern, Danvers State Hospital, Summer 1912.

(From the Danvers State Hospital)

ABSTRACT

It is desirable to study *delusions* in the light of cases both *with brain lesions and without* such.

Cases of general paresis should show the operation of cerebral falsification of normal somatic or other data.

Small proportion of paretics showing somatic delusions (Table I).

Large proportion showing personal (autopsychic) delusions (Table II).

Smallest proportion allopsychic (Table III).

Seventy-five per cent of all paretics are *recorded* as showing delusions; true proportion possibly much higher.

Does the parietic brain tend to falsify normal sensory returns from the soma?

Summaries of six cases *recorded* as showing somatic and no other delusions.

Observations on seventeen other cases in which somatic were associated with other types of delusion.

¹Being Danvers State Hospital Contributions, Number 37, 1913. The tabulations on which the analysis rests were made by Mr. Tepper with the aid of the Danvers Symptom Catalogue and the clinical records. The classification under Wernickean forms was first made from the records under medical supervision by various clerical hands. A revision of the classification, the general discussion, and all the anatomical tabulation and correlation were made by Dr. Southard. A portion of the expense of this work has been borne by the Investigation Fund of the State Board of Insanity.

Conclusion that there is often much in the soma to account for the contents of somatic delusions in paretics.

Rarity of purely allopsychic cases of general paresis.

Autopsychic delusions and frontal lobe lesions.

Absence of *gross* frontal lobe lesions in non-autopsychic (*i.e.* allopsychic and somatopsychic) cases.

Conclusions.

WE have undertaken in the present note to consider the problem of *delusions and delusion-formation* in autopsied Danvers Hospital cases of *general paresis*. No comprehensive study of the distribution and diagnostic value of delusions in paresis comes here in question, since our object has been rather to consider the genesis or psychology of delusions than their practical significance. The point of our work lodges, as a matter of fact, in the endeavor to secure a logical foil to some work already in progress and in part (so far as somatic delusions are concerned) already published,¹ which attempted to discover for delusions their rational basis in morbid bodily, social, or personal conditions. As was remarked in the work on somatic delusions "one may (a) *interpret data falsely*, but also (b) *receive false data for interpretation*." That false data in the shape of organic lesions of various parts of the body can be found in *numerous cases of somatic delusions* has been found to be statistically probable. Work is in progress on cases showing social and other environmental (allopsychic) delusions, as well as cases showing personal (autopsychic) delusions. Meanwhile, it seemed desirable to sample the group of possible false interpretations; and, accordingly, the group of general paresis cases was chosen as most likely to yield research leads.

Just as the normal or relatively *normal brain* was assumed in the former study to be "*the best instrument for showing the operation of somatic false data in delusion-formation*," so the seriously damaged brains of paretics might be thought to be the best instrument for showing the process of falsification applied to normal somatic data.

¹E. E. Southard. On the Somatic Sources of Somatic Delusions. JOURNAL OF ABNORMAL PSYCHOLOGY, VII, 5, 1912-1913.

To be sure, it is not certain that all the impulses streaming into the nervous system are normal in the paretic. Indeed, there is some ground for stating that general paresis is in many ways a constitutional disease, exhibiting various disorders and results of years of syphilis in various organs. *Aortic arch sclerosis* has long been known, for example, to be found in many, if not the large majority of paretics. There is also ground for thinking that the *gastro-intestinal mucosa* is *thinned out* rather characteristically in paretics. There is also a distinct group of *taboparetics* in whom it is safe to say that superficial and deep sensibility is altered. By and large, however, it should be easy to draw relatively safe conclusions from paretic material and to look on *paretic delusions* as *probably modified by, if not dependent on, the characteristic brain lesions* of the disease.

Though the statistical facts of our material tend to support this thesis in general, they do *not* support such a thesis for the somatic group.

Out of one hundred and forty autopsied cases of general paresis, but six (or four per cent) showed somatopsychic delusions and these only, and but seventeen more showed somatopsychic delusions in combination with other forms (*i.e.* sixteen per cent). These facts may be placed in

TABLE I

General paresis,	140 cases	
Somatopsychic delusions,	22	16 per cent
Somatopsychic only,	6	4 " "
Somatopsychic and autopsychic,	8	6 " "
Somatopsychic and allopsychic,	2	1.5 " "
Somato-, auto-, and allopsychic,	3	2 " "
Somato-, autopsychic and unclassified,		
Somato-, autopsychic and unclassified,	3	2 " "

We should not wish to claim remarkable accuracy for these figures, since the diagnosis of these Wernickean forms of delusional content is not always easy. Still perhaps, the diagnosis of somatic delusions is more apt to be accurate as against the environmental and personal forms than is

the differential diagnosis of these latter forms against each other.

The relatively minor part played by somatic delusions in paresis is readily seen when a comparison is made with the occurrence of autopsychic delusions as shown in

TABLE II

General paresis,	140 cases		
Autopsychic delusions,	80	"	57 per cent
Autopsychic only,	62	"	44 " "
Auto- and somatopsychic,	8	"	6 " "
Auto- and allopsychic,	6	"	4 " "
Auto-, allo-, and somatopsychic,	3	"	2 " "
Auto-, allopsychic and unclassified,	1	"	0.8 " "

On the other hand, our statistics indicate that somatic delusions, though they may play a minor part as compared with personal delusions, are still found in somewhat greater numbers than social and environmental delusions, whose occurrence is shown in

TABLE III

General paresis,	140 cases		
Allopsychic delusions,	13	"	10 per cent
Allopsychic delusions only,	2	"	1.5 " "
Allo- and autopsychic,	6	"	4 " "
Allo- and somatopsychic,	2	"	1.5 " "
Allo-, auto-, and somatopsychic,	3	"	2 " "

Despite the inaccuracy which doubtless clouds the details of diagnosis in all these cases, perhaps the random nature of the material gives us warrant to say that:

General paresis is much more likely to exhibit delusions than not (twenty-five per cent only of our series are recorded as without delusions of a character to be classified), and the delusions of the paretic are much more likely to be of a personal (autopsychic) nature than of a somatopsychic or environmental (allopsychic) nature.

For the moment, however, we have set ourselves the problem, *Does the paretic brain tend, as it were, to invent false somatic data or, in other words, to falsify normal*

sensory returns from the soma? We have found the statistics much against this.

Let us examine summarily the cases in which somatic delusions, and these only, are reported.

CASE I (10,973, 986) *Delusions*: "Nothing goes through me. I pass no water. I am weak. My feet are sore. I got so much feet. My head is weak. No good now because I can't eat."

Lesions: Scybala of large and lower part of small intestines. Chronic *nephritis*. Pressure sores of bony prominences of feet. Moderate chronic *hepatitis*. Microscopic examination of spinal cord shows a bilateral *pyramidal tract sclerosis* and a mild *tabetiform lesion*.

Correlations: Several are obvious. Note especially the spinal cord basis for "*so much feet*." In fact it remains a question how accurately we can classify Case I as somatopsychic. Much might well pass as hyperbole of a hypochondriac.

CASE II (12,678, 992) *Delusions*: Threat of suicide to avoid being killed by some one else.

Lesions: Hypostatic pneumonia with *Bacillus mucosus capsulatus*.

Correlation: The case should be excluded because patient died on day of arrival, and delusions cannot safely be affirmed.

CASE III (10,778, 1001) *Delusions*: Hypochondrical complaints, described as "absurd" but not further specified.

CASE IV (13,267, 1,228) *Delusions*: "Left side of body empty." "Teeth wrongly placed in mouth" "Throat placed upside down."

Lesions: Dilatation of stomach (18 cm. on lesser curvature, 43 cm. on greater curvature), with goose-quill stenosis of pylorus. Enlarged, yellow-brown thyroid (each lobe 7 cm. long by 3 cm. wide; weight, 25 gm.).

CASE V (15,257, 1,387) *Delusion*: "Ground hayseed in gut."

Lesion: Gastropsis (lower border 14 cm. below ensiform). Chronic pharyngitis. Contraction and thickening of epiglottis. Dilatation of stomach (20 cm. on lesser curvature, 60 cm. on greater curvature, diameter at fundus 13 cm.,

capacity 500 cc., wall thin, area of old extravasation, about 5 cm. in diameter, on greater curvature near cardiac end).

Correlation: The fixation of a delusion upon the gastrointestinal tract seems not irrational in this case. It would hardly be safe to attribute "ground hayseed" feelings to the pharyngitis!

CASE VI (16,477, 1,553) *Delusions:* "Poisoned with cocaine." "Creaking in the muscles that will kill me."

Lesions: None to fit delusions. Marked emaciation.

Correlation: It may be doubted whether the cocaine poisoning was more than a reminiscence, or possibly it may be regarded as allopsychic. The muscle complaint might be a natural inference from functional incapacity.

Let us now examine sixteen more cases (VII to XXII) in which somatic delusions have been found or suspected to exist, but in which a variety of other delusions were associated with the somatic delusions.

CASE VII (D.S.H., 8,827, Path. 787) *Delusions somatopsychic:* Has insisted that he has passed several tape worms. Has been passing tape worms for all of twelve years, which are from two to sixty feet, the two this morning being not more than nine inches. He used to keep a few in a dish and fat them up on meat, oil and lemons. He used to drink a gallon of whiskey every day.

Delusions autopsychic: Says he is a minister by trade. Owns one hundred and twenty cows, six hundred and seventy acres of land and three horses; is worth \$125,000. He has triplets and a pair of twins; graduated at Harvard in '86 and sang in Harvard Glee Club in '75; is a great swimmer, and will swim two hundred miles for money any day.

Delusions unclassified: Said he was fed like a fighting cock at Deer Island.

Lesion: Myoma of stomach wall.

Correlation: This case may be compared with one mentioned in paper "On the Somatic Sources of Somatic Delusions," in which a woman with *myomata of stomach wall* complained of *furniture piled on her belly*.

CASE VIII (D.S.H., 10,308, Path. 817) *Delusions somatopsychic:* The gravel in his head is working.

Delusions autopsychic: He says he commenced his

studies of theatrical matters when he was one year old. He is an opera singer, a wonderful whistler, and a clever dancer. He has two hundred relatives and all of them are to appear in the performance. His play will net him eighty millions. He is strong, has four wives, and two hundred children.

Lesions: Subpial hemorrhages, especially left precentral and cerebellar. Hemorrhagic areas in substance of right optic thalamus. Chronic leptomeningitis (except occipital). Heavy calvarium.

Correlation: Difficult as usual where cephalic delusions come in question.

CASE IX (D.S.H., 11,520, Path. 832) *Delusions somatopsychic:* Had an idea that his limbs, head, all were growing large. Thinks he has no brains, can't talk. Has no heart or stomach, can't swallow anything. He is much worse than any one else in the building. "All the others are great stout men and not to be compared with a wreck like me." "I can't suffer though, because I have no brains."

Delusions autopsychic: Fancied he would starve and freeze and family with him.

Delusions unclassified: Complains that his blankets and sheets are all wet.

Note. This case has been previously presented *in extenso* by Southard and Mitchell, although no attempt was made to correlate the feelings of unreality with particular somatic features. In point of fact, the trunk and limbs showed little which could be transformed into delusions of negation; less in fact, than many autopsies might readily show. The negativity of the somatic findings lends color to the hypothesis that these delusions of negation are of cerebral manufacture. The lesions of the cortex, which had not registered themselves at all in the gross, were found on microscopic examination of all parts examined to be singularly even in distribution, and in particular to be *as well marked in the occipital pole as in the frontal pole*. The visuopsychic area was more involved in nerve-cell pigmentation than the visuosensory. The findings raise rather suggestively the question whether the so-called delusions of negation do not partake rather of the nature of hallucinosis. They are of course often termed "feelings" of unreality, and it may well be that the delusional side of these phenomena

amounts to more or less rational comment on abnormal sensorial data. The patient would wince on pin-pricks, for example, but at the same time declare that he had no feeling. It may well be that some type of psychic anesthesia ("mind-numbness") is here involved, analogous to mind-blindness.

CASE X (D.S.H., 10,609, Path. 900) *Delusions somato-psychic*: Refuses to put on his clothing, saying that he is too weak (delusion).

Delusions allopsychic: Believes his wife is unfaithful to him.

Lesion: Fatty myocarditis.

Correlation: Probably unnecessary, since the feeling of weakness is adequately explained on several scores.

CASE XI (D.S.H., 11,784, Path. 915) *Delusions somato-psychic*: "It is impossible for me to get anything inside of me; it is all gone, my stomach is foul." Feels that his bowels have no opening.

Delusions autopsychic: "I don't know what is going to become of me. I have got no clothes, no money, nothing else. Don't know if I have friends or not. I am miserable all the time, in every way, and I don't know what is going to become of me."

Delusions allopsychic: He conceived the idea that members of his family were going to commit suicide, also that his wife was untrue to him.

Lesions: Soma unusually free from lesions (moderate chronic splenitis and slight degenerative nephritis). The intestines looked normal, but were not opened, so that the chance of correlation with the "gone insides" and "foul stomach" is not offered. The middle portion of the right *optic thalamus* showed a small yellowish *chronic lesion*. (1.5 by 1 cm.) with edema.

Correlation: This case forms an approach to a case having normal soma and interference in the sensory paths of such sort as to permit appropriate delusional content.

CASE XII (D.S.H., 12,184, Path. 930) *Delusions somato-psychic*: Says he is black and blue all over.

Delusions autopsychic: Thought he could mesmerize people. "I can hypnotize by looking right into your eyes.

"I can't do it to big people, but to children I can, fine." Said he had two voices, double hearing, double thought, double sight.

Note. The autopsy protocol describes subject as a "much bruised man with bed-sores."

CASE XIII (D.S.H., 12,574, Path. 982) *Delusions somatopsychic*: She thought that she was poisoned. Says her bowels have not moved for weeks and weeks. Refuses to eat, saying that everything is poisoned.

Delusions autopsychic: Said she had forgotten her religion and she would be put out of church.

Note. A revision would probably place these delusions first classed as somatopsychic into the allopsychic group. There are no somatic lesions to account for the delusions (perisplenic adhesions).

CASE XIV (D.S.H., 11,912, Path. 1,004) *Delusions somatopsychic*: Said that there was a man who kept a "bug house" in the stable where bugs were made; that their legs entered the patient's ears and nose and made his head feel queer; that these bugs, after they entered the body, gave patient appendicitis.

Delusions allopsychic: The man threw an electric light at the patient but did not hit him. "He came around the house looking for me. He had a gang with him in the wagon. The boys went up and told him to —"

Note. There is grave question whether this case is actually one of general paresis; death was actually due finally to a *streptococcus meningitis*. There was a plug of wax in left ear. Bilateral chronic otitis media. No evidence of appendicitis, but small *intussusceptum of jejunum*.

CASE XV (D.S.H., 12,905, Path. 1,040) *Delusions somatopsychic*: "I am a blind man but I have a filter over my eyes, that is why I can see."

Delusions autopsychic: Has hired two stores and has nothing to put in them. "I am a handy man and like to work. I can raise flowers, propagate them." He spoke of starting boiler shops in various parts of the city.

Delusions allopsychic: Suspicious of his wife, questioned

her fidelity. Said his wife was poisoning him. Refuses to eat, saying they are poisoning him.

Note. The occipital lobes were spared from gross lesions (except diffuse leptomeningitis), but microscopically various portions of the visuopsychic type of cortex showed cell losses in and about the layer of large external pyramids. The large external pyramids were themselves in the main, intact, but the cells between them in short stretches had dropped out, more particularly on the left side. The Heidenhain iron-hamatoxylin stain demonstrated almost maximal quantities of neuroglia cell pigmentation and small nerve cell pigmentation in all layers (but especially in the suprastellate layers) of both visuopsychic and visuosensory cortex types. The larger nerve cells were, in the visual cortex, in the main, spared from such pigmentation. (In other areas, notably in the frontal region, large nerve cells were considerably pigmented.)

The part played by this cortical lesion in the genesis of the above-mentioned somatic delusion is naturally doubtful.

CASE XVI (D.S.H., 12,264, Path. 1,049) *Delusions somatopsychic*: "I haven't felt myself for a year. I have got no appetite, I never want to eat. I am all gone. I haven't any energy. I can't do a boy's work. I have no stomach. I am no good, I can't get well."

Delusions autopsychic: He boasts of his ability as a musician and an athlete.

Note. It is probable that most of the delusions primarily classified as somatopsychic actually belong to the autopsychic group. An exception is the delusion, "*I have no stomach.*" It is no longer possible to say what the isolated somatic delusion really meant. The microscopic examination showed the paretic exudate most markedly in the hippocampal gyri.

CASE XVII (D.S.H., 12,889, Path. 1,052) *Delusions somatopsychic*: "They killed me, crushed my heart and turned my blood to water."

Delusions autopsychic: He had an idea he owned the house he lived in and all the furniture. Talked of how rich he was going to be by starting a garden and by making butter. "I could put all the sick men on their feet by just rubbing them. I can do anything with my hands. I can

build a house by just sitting down and thinking about it. I can whip all the men in this place."

Note. These so-called somatic delusions appear to be actually autopsychic. The pituitary body of this case was very small from loss of substance of glandular portion.

CASE XVIII (D.S.H., 12,897, Path. 1,054) *Delusions somatopsychic*: "I am all gone now. I can't drink now, can't write or talk. Nothing in my inside, all runs through me again. I ain't got no swallow, I can't die even. My heart ain't much good. No life in these hands. I had a stomach, but I don't believe there is any stomach now."

Delusions autopsychic: "I have no strength."

Delusions allopsychic: He thinks people are after him and down on him.

Note. This case, like cases 832 and 915, appears to have a soma practically free from lesions whose sensory returns might justify the "negating" process. The lesions, although almost as general as those of 832, are far severer and include virtually all the sensory projection fields (except visuosensory) and most of the association areas (including a portion of the left visuospsychic area).

CASE XIX (D.S.H., 10,854, Path. 1,126) *Delusions somatopsychic*: He is all diseased, has got no good blood.

Delusions autopsychic: Says he has no right to live, or breathe, he is as old as sin, ought to die.

Delusions unclassified: Refuses food, saying it is poisoned.

Note. It is not certain that these so-called somatic delusions are more than hyperbolic expressions of autopsychic self-accusation. In any event, both anterior and posterior association areas were found to be palpably sclerosed.

CASE XX (D.S.H., 12,606, Path. 1,203) *Delusions somatopsychic*: He thought his throat was all stopped up and he couldn't swallow anything.

Delusions autopsychic: "I am lost, God will never forgive me." "Oh, if I had only been upright and honest just as when I was born."

Note. The upper abdomen showed unusually extensive

adhesions, apparently due to a former cholecystitis, but uniting stomach and transverse colon, liver and diaphragm, and surrounding gall bladder. It is open to question whether this condition has any bearing on the belief concerning inability to swallow.

CASE XXI (D.S.H., 16,101, Path. 1,476) *Delusions somatopsychic*: Said she was going to give birth to several children very soon.

Delusions autopsychic: Said she could play all kinds of musical instruments and that she was going to have a band. "I am going to have a little kid called Fluffy, and I'll get a bed for her all gold and diamonds and rubies too." Says she is very good-looking and intends to make a present of a million to every one in the hospital.

Note. This so-called somatic delusion seems to be part and parcel of patient's euphoric and grandiose frame of mind. The uterus showed a submucous fibromyoma (5 by 4 by 2 cm.).

CASE XXII (D.S.H., 15,963, Path. 1,525) *Delusions somatopsychic*: Said he felt as though he were all swollen up.

Delusions autopsychic: He has a patent on a machine. He had one hundred thousand dollars. He would be worth a million if Father O'Reilly didn't spot and stop his scheme.

Lesions: Intestines distended. Stomach dilated and with few rugæ (measuring on lesser curvature 20 cm., on greater curvature 40 cm.). Cystitis.

Correlation: Obvious.

From this series of twenty-two somatopsychic cases, I should propose to exclude entirely Case II (death day of commitment) as well as Case III (lack of specification in records).

I should propose also to eliminate, on the ground that the particular somatic beliefs expressed were *not* delusional, Cases X (*weakness, myocarditis*) and XII (*black and blue all over; much bruised man with bed-sores*).

Case XIII would better be classified as showing allopsychic delusions (*poisoning*). Similarly Case XVII ("*they*" *killed him, crushed heart, and turned blood to water*).

Case XVI belongs properly in the autopsychic group.

("I haven't any energy," etc.). Similarly Case XIX ("all diseased," "old as sin," etc.). Case XXI also belongs, I believe, in the autopsychic group. ("Several children soon.")

Such eliminations would leave thirteen cases still in the somatopsychic group and three of these showing no other kind of delusions than somatic delusions.

Considering these thirteen cases only, I find correlations between somatic lesions and delusional contents as follows:

(a) Group of *fairly obvious somatic correlations*:

Case I (correlations perhaps too obvious; delusions perhaps hyperbolic expression of tolerably well-based beliefs).

Case IV (e.g., "left side of body empty": dilatation of stomach).

Case V (e.g., "ground hayseed in gut": chronic pharyngitis, gastric dilatation, gastropptosis).

Case XIV (e.g., "bugs in ear": cerume "bugs gave appendicitis": jejunal lesion).

Case XXII (e.g., "all swollen up": meteorism, gastric dilatation, cystitis).

(b) Group of possible, if not so probable, somatic correlations:

Case VI (e.g., "creaking in muscles" perhaps expressing a belief concerning capacity of exercise).

Case VII (e.g., "tape-worms": gastric myoma; or was the tape-worm yarn half reminiscence with euphoric exaggeration?).

Case VIII (e.g., "gravel in head": various cephalic lesions).

Case XI (e.g., "insides gone": optic thalamus lesion).

Case XX (e.g., inability to swallow: extensive adhesions in upper abdomen about stomach).

(c) *Cephalic group*: The correlations are difficult, since all cases of general paresis exhibit cephalic lesions, and the patients might conceivably be able to base delusions upon such lesions. However, only four in one hundred and forty cases have proved to exhibit somatic delusions touching physical brain-conditions.

Case VIII (e.g., "gravel in head working": right optic thalamus hemorrhages, etc.).

Case IX ("no brains," etc: microscopic (no macroscopic) lesions as well marked in occipital as in frontal poles, visuopsychic areas more involved in nerve-cell pigmentation than visuosensory areas).

Case XI ("insides gone": optic thalamus lesion).

Case XV ("blind, but filter over eyes allowed patient to see": cell-losses in visuopsychic cortex with active pigment deposition in all visual cortex).

Case XVIII ("insides gone," "no life in hands": unusually extensive parietic process, including post-Rolandic areas).

To sum up this consideration of somatic delusions in general paresis, we find that eight cases in thirteen give a good (6 cases) or fairly good (2 cases) correlation between the content of the particular delusions manifested and certain particular lesions found in the trunk or limbs (986, 1,228, 1,387, 1,553, 787, 1,004, 1,203, 1,525).

Three more cases are more difficult of interpretation, since the delusions concerned the cephalic region. Correlations, however, offered themselves as follows: "gravel in head"; optic thalamus lesion (817); feelings of unreality, diffuse lesions involving receptive apparatus of cortex (832); delusion about vision, cell-loss and active degeneration of visuopsychic tissue (1,040).

Two remaining cases showing delusions of negation showed (915) optic thalamus lesion and (1,054) unusually extensive cortical atrophy and scleroses.

In the analysis of *allopsychic delusion cases*, we must naturally consider, first, their surprising fewness. The Table III, on page 262, shows in fact but two cases in which only allopsychic delusions figure among those recorded.

One (XXIII, D.S.H., 11,502, Path. 889) had delusions reminding one of alcoholic *Eifersuchtswahn*, colored perhaps, by the exaggerative tendency of the parietic. ("Ten to fifteen men came to patient's house each day to see his wife and, if he caught any one with her, he would kill him.")

Another (XXIV, D.S.H., 12,885, Path. 1,045) complained of abuse from family.

There are two other cases without autopsychic delusions, two, namely, which have been already considered on previous pages, Cases X and XIV. Reference to these will

show that X resembles XXIII and may be supposed to be strongly colored by alcoholism, but that XIV is more genuinely allopsychic. Concerning XIV it was remarked that the case is in some little doubt as to its purity as a case of paresis (*streptococcus meningitis*).

The analysis of these few cases (4 in number) which fail to yield autopsychic delusions gives us then, the impression either of complication by alcohol or meningitis. In but one instance, were the delusions expressed of a purely allopsychic character, and these ("abuse by family") are hardly to be distinguished from true or natural beliefs, at least on the basis of available knowledge.

Accordingly we are almost irresistibly led to the conception that *the characteristic delusions of general paresis*, found in point of fact in eighty cases from a random series of paretics studied by routine methods, are *autopsychic*. Certain it is that delusions of an allopsychic character are extremely rare as a total paranoic picture. Whether it would be safe to go so far as to lay diagnostic stress on this point and count against the diagnosis "general paresis" the existence of purely allopsychic delusions, we cannot at present say.

As for somatopsychic delusions, the above analysis seems to place such delusions on a par with those in the normal-brain series previously studied. The material elaborated by the paretic into the form of somatic delusions has frequently a somatic source. In some cases with a relatively normal soma, anatomical analysis has shown lesions of the receiving apparatus of the brain (optic thalamus and sensory "elaborative" cortex).

Concerning autopsychic delusions in general paresis, and their possible anatomical correlations, we find that twenty-three out of thirty-seven cases specially reviewed for this purpose exhibited frontal lobe lesions so marked as to be registered in the gross, and that the remaining fourteen failed to exhibit, or to be recorded as exhibiting, gross lesions. These fourteen were examined microscopically in Nissl sections (frontal and various other regions), and the diagnosis rendered on the current criteria (plasma cell infiltration of small cortical vessels, etc). Either gross

or microscopic lesions of varying intensity are found in the frontal lobes of all these autopsychic cases. Although it would not be safe to say that microscopic lesions *elsewhere* than in the frontal lobes may not *sometimes* effect more psychic loss or perversion than those of the frontal lobe, it can hardly be denied that, if there is any relation whatever between autopsychic delusion-formation and the distribution of the brain lesions, the odds must favor the frontal-autopsychic correlation.

A search for gross lesions elsewhere in the cerebral cortex of these autopsychic cases reveals but few focal atrophies or other lesions. The parietal region supplies but two (851,902), and these cases show frontal lesions as well. The temporal region supplies four, three of which (902, 1130, 1,157) are also affected in the frontal regions, and the other exhibited a focal arteriosclerotic lesion of one lenticular nucleus.

If now we turn the analysis about and consider those cases of general paresis which exhibit other types of paranoia than the autopsychic type, we find corroborative evidence. Among the twenty cases considered in the text (somatopsychic, allopsychic, and mixed), we find seven cases (787, 915, 1,040, 1,049, 1,042, 1,054, 1,126) with frontal lesions. Of these, 787 (Case VII) was pronouncedly autopsychic (expansive delusions) and had some peripheral basis for the single somatic delusion entertained; 915 (Case XI) was autopsychic and allopsychic, besides exhibiting an optic thalamus lesion; 1,040 (Case XV) resembles 915 in quality of delusions and exhibited marked occipital as well as frontal lesions; 1,049 (Case XVI) was described above as probably essentially autopsychic; 1,052 (Case XVII), likewise; 1,054 resembles 915 and 1,040 (the latter in distribution of lesions); 1,126 was also described above as essentially autopsychic.

Inasmuch as environmental (social or allopsychic) delusions play a subordinate part in paresis, particularly in their pure form, the above analysis amounts practically to saying that, if the lesions of paresis have much to do with the delusions clinically found in paresis and if the severity of the lesions forms even a rough index of the chances of correlation between lesions and delusions, then the auto-

psychic delusions characteristic of general paresis would best be correlated with frontal lobe lesions.

CONCLUSIONS

1. The present study of types of paranoia in general paresis, coupled with a former study of the sources of somatic delusions in a series of subjects with relatively normal brains, suggests that somatic delusions lie somewhat apart from other types (autopsychic, allopsychic) in that *there may usually be found for somatic delusions a peripheral basis* (organic lesions of soma, lesion of receptor paths, lesion of central receptive apparatus of cortex).

2. Accordingly, the diagnostician will proceed with unusual care to the discerning of such underlying lesions, although the above studies abundantly indicate that years may elapse before such lesions are manifest, *e.g.*, at autopsy.

3. The characteristic delusions of general paresis (found in 57 per cent of a *routine* series) are autopsychic.

4. The distribution of gross cortex-lesions in autopsychic and non-autopsychic cases gives some color to the hypothesis that autopsychic delusions must be correlated with frontal lobe lesions.

ABSTRACT

IL SUBCOSCIENTE. *By Roberto Assagioli.* Firenze: - Biblioteca filosofica, 1911. Pp. 20.

The interest in the problems of the subconscious is growing very rapidly even in countries like Italy where clinical neurology and psychopathology seem to have been hitherto immersed rather deeply in the so-called "naturalistic" atmosphere.

Since the subject is rendered complex to an unnecessary degree by the great confusion of terms, the most practical task seems to be a precision of their meaning. Several years ago Patini attempted to render such a service to the Italian student. The present contribution by Assagioli represents a more systematic attempt in the same direction. The most varied problems concerning the subconscious phenomena are touched upon briefly so that the nature and extent of the problems involved may become apparent to the general reader.

In the first place, Assagioli points out the equivocal sense in which the term "unconscious" has been used. Descriptively it may mean: (a) mental phenomena of which the subject is unaware, or (b) such phenomena unaccompanied by any awareness whatever. The confusion increases when the various attempts at explaining the subconscious in functional terms are considered. In such relation the "unconscious" stands for nearly everything dynamic and cryptic, from the fundamental principle, the ultimate essence to which v. Hartmann reduces the whole universe to the sum total of our mental impressions, residua, psychic dispositions or mnemonic data, racial as well as individual, in whatever form they might be recorded upon the cortex, or otherwise preserved in our psychic mechanism.

By way of illustrating the difficulty it may be recalled that in the symposium on the subconscious, published in this JOURNAL,¹ six different views have been represented. Elsewhere² Willy Helpach has outlined eight different meanings in which the related term "unconscious" has been employed. Adding to the confusion, no fewer than seven different terms are used by various writers to designate practically the same concept: unconscious, coconscious, supraconscious, dissociated, cryptopsychic and subliminal self. But attempts at clearing up the subject have also been made. In a paper presented before the Sixth International Congress of

¹Vol. 2, 1907-1908, p. 22.

²Ztschr. f. Psychol., Vol. XLV, p. 238.

Psychology¹, Morton Prince has suggested a very practical delineation of the term "subconscious," and recently Freud² has outlined the meaning and uses of the term from the psychoanalytical standpoint.

Assagioli rejects the idea of an unconscious unaware of itself as something unconceivable, self-contradictory. The Leibnizian doctrine of *petites perceptions inconscientes*, he thinks, refers merely to the presence of perceptions of which we are not *ordinarily* aware. To deny all awareness to a perception is to leave the door open for the incursion of the Hartmannian principle and with the notion of a universal, blind Unconscious Assagioli has little sympathy. On the whole Assagioli attaches himself to the standpoint of Wm. James, who in his "Principles of Psychology"³ combats the theory of a universal absolute unconscious. He considers some sort of awareness an essential and integral part of the concept of psychic activity.

The term "unconscious cerebration" which Carpenter first used to describe the unconscious psychic activities, epitomizes the physiological viewpoint. According to this theory all subconscious activities, even those manifesting processes of high mental order, such as automatic writing and the like, are reducible to terms of brain physiology and may be explained wholly in such terms. This is the view preconized by the majority of laboratory psychologists, such as Ribot and Münsterberg.

The core of the problem of the subconscious presents a descriptive and a functional side. On the one hand the question is: under what forms are our mental images, attitudes, affective states, the whole train of past memories, preserved? And functionally the question becomes: How do they affect our behavior at a given moment?

The answers have been worked out in numerous ways and have given rise to a number of technical expressions: mnemonic tracts, particular dispositions of cerebral structure, special conduction, association paths, neurochemism and the like.

Janet and Prince have demonstrated and others have verified the existence of psychic activity presenting some form of consciousness of its own and manifesting itself therefor as a separate personality distinct from the ordinary selfhood.

Automatic writing proves this abundantly. During the process of such writing it is evident that a consciousness other

¹Geneva, 1909.

²Internationale Ztschr. f. Aerzt. Psychoanalyse, Vol. I, No. 2, p. 117-123.

³Vol. I, ch. 6, p. 164.

than and distinct from that of the ordinary self directs the writing hand. Morton Prince has proposed the term "coconscious" to cover these phenomena which center around a consciousness secondary to the one representing the ordinary personality.

The coconscious of Prince is the subconscious in coeval action. So-called "supernormal" phenomena and many of the manifestations belonging to what has been loosely termed "mysticism" are activities of the subconscious. Such phenomena point to the presence of autonomous psychic forces with a center of activity of their own.

The protean rôle of coconscious activities in the determination of our daily acts is not yet fully appreciated. But already, thanks chiefly to the work of Freud and his pupils, it is becoming rapidly recognized that our conduct, opinions, emotions, temperamental vacillations, and the like, are largely dependent upon a mass of psychic factors of which we are not ordinarily conscious, but which, according to the view which Assagioli is specially desirous to emphasize, bear a consciousness of their own.

Since subconscious activities play so great a rôle in our everyday living it follows that their proper management and direction becomes a problem of greatest practical significance. All psychotherapeutic methods owe their relative success largely to the influence which they bring to bear upon the subconscious. "Psychogogy," a term which the author has coined by analogy with pedagogy and similar terms used in education, and by which he means to cover the art of "character moulding" and the proper training of will, assumes an importance to which all other educational disciplines are secondary.

On the subject of terminology Assagioli proposes the following:

✓ Subconscious should be used to cover everything within our *psyche* beyond the awareness of our ordinary self. Coconscious or dissociated psychic activity should be restricted to the activity of secondary centers of consciousness.

Latent consciousness covers suitably everything psychic beyond the actual sphere of mental activity at a given time. Another term for this would be potential consciousness, as it covers the whole mental content, any part of which may come to the front under some form or other.

Assagioli objects to the grouping of latent consciousness and physiological memory under the category of the unconscious, as Morton Prince appears to do, for instance. He argues that this would only add to the confusion which the term "unconscious" has brought into the field of psychologic research. The latter term he would restrict to the specific meanings in which it has

been employed thus far; its use should be followed by the name of the author whose particular theory of the unconscious is preconized, so as to avoid confusion.

Cambridge, Mass.

J. S. VAN TESLAAR.

REVIEWS

OUTLINES OF HISTORY OF PSYCHOLOGY. By *Max Dessoir*, Professor in the University of Berlin. Authorized translation by *Donald Fisher*. New York, The Macmillan Company, 1912. Pp. xxix, 278.

The efficiency of the majority of the readers of the JOURNAL would be increased, without a doubt, were the outlines of the development of men's ideas as to mind better known by them. It may not be forgotten that the present notions of each one of us regarding the mental status of any actual mind as a "subject" of research, or as a patient to be cured, are a composite of the work of many inquiring minds down the ages since the days of Pythagoras and his pupil Philolaus. Democritus and Heraclitus, centuries before their broad-minded countrymen ever heard of Britain, conceived the nature of the inherent humanity in terms to which twentieth-century research is more closely approximating every day. Names alter and points of view change, but it is easy to believe that, could some thoughtful Greek, dead long before Christ was born, *incognito* write to-day an article for one of our over-multitudinous magazines on, say, the influence of the sub-conscious in the conduct of life, he would receive attention at least as respectful and academic as the average Ph.D., "learned in philosophy," obtains. And so on down "the centuries that have gone to the centuries that shall be." It is part of our hurried habit that we unduly neglect the indispensable history of philosophy and of psychology, although it is the one subject of knowledge which adequately broadens the mind and allows us to orient ourselves rightly both in the learned world and in the world of practical therapeutics. We do not read our Evolution of Mind aright if we leave it, even carelessly, in the belief that our contemporary world of thought is a wholly new world, or that long before the latest Glacial Period, perhaps, men had not already begun in a dim twilight reverie to wonder. Whence come my thoughts? and Who and what am I?

Max Dessoir does not, however, begin his history of psychology at thus early a period in the ascent of man! The historian, in general, is not famous in proportion to the vividness of his imagination, and it was, therefore, not until the tradition of thought began to be put on relatively permanent record that mental history can be said to have begun, incomplete as is such a presumption in reality. The present history, then, begins with

the following recognition of this prehistoric and sub-historic spirit: "There is, as it were, a night view of Greek life. The night which we mean is, however, not black and dead, but is filled with a life of mysterious revelations and activities. This darkness accompanies the entire development of ancient psychology. It continues then through the history of modern peoples, reaches, indeed, to the present day, and will never disappear, since it is bound up with permanent features of human nature."

In an interesting and adequate, though brief manner, this history of psychology proceeds. On the 245th page following, H. Lotze is set forth thus: "The rôle of the successful mediator [between idealism and a quasi-materialism] fell to Lotze. His text-book of psychology, intended especially for students of medicine, contains, indeed, many pages of the purest metaphysics, and many a moral-religious consideration of psychosophic antecedents, but is otherwise a model of fruitful specialization and cautious regard for the processes of the nervous system. Lotze sets the same question as Waitz: how does it come about that the soul, a non-spatial, simple being, orders its contents spatially? Even if it has the innate capacity of spatial intuition, it still requires, for the determinations of particular positions, a special, and, namely, physiological assistance, since the mental contents as such are in the first instance only intensive states. A neural process must, therefore, join to every sensation a 'local sign,' which establishes the relation to a definite point in space. These local signs may (in the case of touch) be co-sensations or (in the case of vision) sensations of movement, and in any event they form in their totality a well-ordered series. As is obvious, the hypothesis of local signs is founded on a philosophic conception of the nature of man." Lotze, indeed, will be found one of the most useful of psychological philosophers for the constructive student of human behavior, whether his interests be largely theoretic or even wholly therapeutic.

A substantial bibliography, relating to each of the four chapters of the work, is placed in the latter part of the book, as are also an index of psychologists and one of the subjects discussed. The translation is unobjectionable and always clear. Altogether Professor Dessoir's little book (not so little either, except relatively) is the most available of the none too numerous treatises on this important subject.

GEORGE V. N. DEARBORN.

Tufts Medical School.

"OBSCENE" LITERATURE AND CONSTITUTIONAL LAW. By *Theodore Schroeder*. Privately printed for forensic uses. New York, 1911. Pp. 439.

The meaning of obscenity is very clearly a psychological problem. A great portion of Mr. Schroeder's work is devoted to a searching analysis of this problem, which, for obvious reasons, is of direct interest also to psychopathologists. Since, as is abundantly proven in this work, the judicial branches of our governments, State and Federal, stand committed to a psychological interpretation of obscenity which is directly antithetical to anything justified by an objective scientific consideration of the matter, we, as impartial students of mental phenomena, are in a position to appreciate, in their full measure, the evil consequences of this judicial misinterpretation as pointed out by Mr. Schroeder.

Mr. Schroeder's contention is that our so-called "anti-obscenity" laws and the judicial decisions based upon them represent but a species of emotional reaction based upon a false though wide-spread illusion, a survival of old prejudice. "Obscenity" is a belief related only to the emotional nature of man, but one that cannot be justified by scientific facts, any more than the belief in witchcraft could find any objective basis. Laws based upon the concept that things in their nature are obscene rank no higher than measures against witchcraft. Both prejudices are repulsive to the modern social conscience. Mr. Schroeder points out the anachronism that while we have outgrown the latter, our laws and customs of thought still cling tenaciously to the former. The viewpoint that would justify any curtailment of freedom of thought consistent with the equally coextensive freedom of others must be looked upon as an anomaly, a curious anachronism. This applies to the judicial interpretation of obscenity. Since "obscurity" is not a matter of fact, a sense-perceived external reality, but a belief, the wisdom of law is unable to conceive an objective standard, and no such standard is provided in the statutes. The result is that all judgments and decisions in "obscurity" cases that come before the courts are arbitrary, depending wholly upon the emotional predispositions of judge or jury. Mr. Schroeder's broad understanding of the legal bearings of "obscurity" coupled with an unusually clear appreciation of the psychological and ethical aspects of the subject, has enabled him to point this out with telling effect. His work furnishes proofs that the emotional types of behavior, reactions improperly or insufficiently rationalized, tend to nullify the loftiest acquisitions of our social order, such as

freedom of thought, a fact which corresponds to the overshadowing of the dictates of reason and of the requirements of civil polity by the outbreak of affects, "primal and raw," in the individual.

This, too, although chiefly a matter of legal concern, is not without interest to students of abnormal mental phenomena; since Mr. Schroeder's thorough exposition (we are tempted to say "exposure") of the attitude of the law upon this subject of obscenity and its consequences brings into strong relief the similarity between the unrationalized, emotional reaction type as known to psychologists through their observation of personal behavior and parallel phenomena reflected in the social habits as crystalized in certain laws. Psychologists know with what blind persistence and strength some primitive, "infantile" or otherwise antiquated form of emotional motive may dominate a subject in other respects mature, — a mind apparently in harmony with its own reasoning processes. In this work Mr. Schroeder shows that the same psychic infantilism of emotivity manifests itself in social affairs and laws against obscenity as well as in all attempts at establishing a censorship of the press. His illuminating criticisms will not surprise those who are aware that the psychic forces of social and individual conduct are at bottom the same; that social and individual activities are counterparts, that each, in fact, is the accurate reflex of the other. It is, indeed, fast becoming a truism that just as the process of individual thought is social, so is the social order in its dynamic aspects but a reflex, a counterpart, of the forces which impel the individual mind to action. Certain mental attitudes are responsible for certain customs and laws. Every custom, every law, is traceable to a manner of thinking, a way of reacting congenial to some people or period. Outgrown customs have been assailed and held up to ridicule, but the province of law with its ponderous machinery seems a *nolle me tangere* region into which few venture to apply light from the outside.

Mr. Schroeder, therefore, has taken upon himself a task of no mean order. No one is foolhardy enough in our day to maintain that laws and their judicial interpretation reflect the latest or most advanced stage of social consciousness, but critics of law are usually apologetic. Few writers in our day show to any like extent the moral courage which Mr. Schroeder evinces in holding up to well-merited scorn the arbitrary judicial "interpretations" of the meaning of "obscenity." His logic cuts to the very core of his subject with the accuracy and precision of a scalpel in the skilful hands of a surgeon familiar with his field.

Even the legal aspect of the subject of obscenity, to which

quite a portion of this book is devoted, cannot fail to interest the medical profession. Practitioners of medicine, particularly neurologists, psychiatrists and psychopathologists who have abundant opportunity to observe, at first hand, in clinic and private practice, the evil consequences resulting from the universal ignorance about sex matters and to deplore the irrational attitude of the popular mind toward problems of sex (no less than the prejudices of the "cultured" classes who "ought to know better") cannot remain indifferent to the attempted suppression of sex knowledge and the practical suspension of freedom of the press on this most important subject under the excuse of "obscenity."

As to "obscenity," legal machinery must be badly clogged by precedent not to absorb readily the true, scientific meaning of the term, so clearly does it suggest itself to the unencumbered, untrammelled mind. Any physician who has had opportunity to observe, even in the most incidental way, disorders of the sex impulse, knows that the formal content of the sexual aberrations — that is, their form, the leading symptom under which they present themselves for observation and possible cure — is largely incidental and not *the cause*. Such disorders represent early cravings which have not been properly trained and are due to inner forces which have become vitiated. Even lay persons, (with the possible exception of some interpreters of law, judging by their deeds) are aware that the victims of morbid sensuality are in the habit of associating the most trivial things with their sensuous cravings. There would be no end to the number of things to be suppressed and every one would be busy trying to suppress something or other, if everything likely to arouse sensualism is to be done away with. A word, a picture, a look from some innocent girl, in themselves neutral, may carry a meaning full of gross sensuality to the sexual inebriate and they have been known to have, upon occasion, a similar effect on many a person of eminent respectability. Were civilization to take account of the easily-roused feelings of the sexually unstable, the morbidly disposed, the pervert, actual or potential, to the exclusion of the rights or interests of the rest of society, it would be logical enough to suppress the author of any word, phrase or picture "incriminated" by the feelings of some one. But to be consistent, the author of the childish look, the innocent girl, should also be arrested, fined, jailed, suppressed, as equally "lewd," "lascivious," and "obscene," or as likely to evoke such emotions in some moralist for revenue, and we may rapidly evolve into a society for the mutual suppression of each other, as obscene objects unfit to inhabit the earth.

Every well-informed person of healthy habits knows through

personal experience as much as through observation that the proper approach to any subject, including that of sex, sterilizes it effectively of any suggestiveness. Moralists for revenue — agents, they call themselves, for the suppression of something or other — have undertaken to declare certain books and objects of art “obscene.” Physicians, psychopathologists, familiar though they are with the most cryptic forms of sexual aberration, would be at a loss to name “obscene” things or to define “obscenity” in objective terms. Certainly they have not found the sexual organs or anything relating to them “obscene” in their own experience, or in the experience of a majority of their patients. A list of objects that have had upon certain subjects the influence which ignorance ascribes to things “lewd, lascivious and obscene,” would be a different matter. Such a list would be made up of terms and phrases, for the most part, permitted in polite conversation; it would include such simple words as *nose, throat, ankle*, and such inoffensive adjectives as “big,” “great,” “divine,” as well as most of the phraseology peculiar to the old and new testament and to the hymnals used in the churches. Moreover, if such a list were arranged in order of “gravity” the usual terms by which the sexual organs are designated would be found to occupy a relatively inconspicuous place.

According to the testimony of such different classes of persons as artists and certain ordinary perverts, the eyes and not the sexual organs are the most “lascivious” parts of the body. Popular superstition has crystalized the same illusion in the numerous stories about the “evil eye.” A lady under my professional observation incidentally betrayed the greatest aversion for the word “sucking.” She thought it the most vulgar expression that had ever come to her notice. In some unaccountable way it suggested “obscenity” to her and she reacted with shame and blushing and with other evidences of considerable inward distress whenever the word happened to be mentioned within her hearing. This incidental discovery of the young woman’s aversion to so innocent sounding a word, opened the trail which eventually uncovered the whole secret of her nervous trouble, the exact nature of which had proved very baffling. Before the trouble was cleared in her own mind so that she became emotionally as indifferent to this word as to any other, I think this young woman would have favored any scheme for entirely eliminating this word from the language, so strong was her emotional aversion toward it.

Lewdity is of the mind; it may attach itself to even the most inoffensive object. Tabooing the whole subject of sex and abandoning ourselves to the Moloch of ignorance is too costly a sac-

rifice for the doubtful benefit of the emotionally unstable in our midst. He who cannot have the subject of sex associatively aroused in his mind without becoming obsessed by all sorts of uncomfortable emotions and mysterious forebodings of sin or evil, is a moral weakling whose exact mental trouble is well known to psychopathology. It is not strange that the victims of such excessive emotions should ascribe their inward state to the object or incident, in itself perhaps insignificant, which may happen to have brought to mind the subject of sexuality. It is the only comfortable thing to do under the circumstances. It is convenient and flattering to such persons to think that the uncleanness, lewdness, lasciviousness, sinfulness, or whatever emotion possesses them, is from the outside and that all is clean and holy within.

Obscenity, like witchcraft, with which Mr. Schroeder compares it, and of which it is, indeed, a worthy twin, consists, broadly speaking, of a projection of certain emotions (which, as the very word implies, emanate from within) to external things and an endowment of such things (or in the case of witchcraft, of such persons) with the moral qualities corresponding to these inward states. The object or persons thus endowed with the emotional force experienced within, for that very reason assume the moral quality which the subjects associate with the kind of emotional force at work, and hence such persons and objects are deemed lewd, lascivious, obscene, unclean, immoral, possessed of the devil, just as other objects or persons may be deemed beautiful, holy, divine, the exact ethical import of the emotional reaction depending, in every instance, upon the subject's particular pre-conceptions which, in their turn, are largely a matter of social custom and belief.

Thus persons responsible for the persistent attempts to suppress the dissemination of popular knowledge concerning sex matters betray themselves unwittingly as the bearers of the very impulses they would so ostentatiously help others to avoid. Such persons should know through their own experience that ignorance of a subject does not insure immunity against the evils of which it treats, nor does the propitiatory act of noisy public disapproval of certain evils signify innocence or personal purity. In consequence of the growth of our knowledge concerning the operations of the mind, spectacular disapproval of vice can no longer be mistaken, as have been the propitiatory acts of old, to which they correspond in our modern social conscience, for true confessions of faith. Only sinners feel themselves impelled to move to the mourner's bench: those who keep themselves constantly in the public eye advocating all sorts of measures for

the forceful suppression of other people's literary or artistic work and opposing the free dissemination of knowledge about sex or any other matters, would find a little self-analysis a very useful and illuminating task. Incidentally such practice of self-analysis (if not interfered with by the prospective loss of notoriety, revenue, or both) may cool their ardor in so far as it involves the suppression of knowledge about sex matters, and may place them in a very different frame of mind.

In pointing out that "obscene" is a quality wholly subjective, Mr. Schroeder has all the facts of psychology and all the evidence of clinical psychopathology on his side. It is commendable in the highest degree that independent of clinical experience, Mr. Schroeder, an attorney by profession, should arrive at conclusions entirely in accord with the experience of the medical profession, and that, above all, on the subject of sex. It is an assurance that no matter from what viewpoint different men approach a subject, they will arrive at the essential truth, if only they apply themselves to it freely and unrestrained by emotional prejudice.

As to the book under discussion, it consists of twenty-three chapters of unequal length and varying literary merit, the greater number of which have appeared as separate contributions in different periodicals. The volume practically represents the author's contributions to periodical literature for the past few years on the subjects covered by this title. Unfortunately the various papers herein gathered have not been revised, and but little attention has been given to the details of printing, so that its form detracts from the merit of its contents. This is partly to be explained by the fact that the author has had to place the book in the hands of a printer evidently unfamiliar with the technique of book-making, and to bear, without co-operation, and without the expectation of any return, the whole burden of printing the results of his extensive studies.

The work shows evidence of familiarity with some of the best works on psychology, particularly those bearing on morals and sex. Mr. Schroeder is one of the very few men in this country who are still taking the notion of liberty in earnest. It was this interest and his public-spirited concern for freedom of the press which first aroused his interest in the psychology of obscenity and in the whole subject of sexual psychology. He has found and abundantly proven in the pages of this work, that no valid excuse can be invoked for the curtailment of freedom. Of course, to many, Mr. Schroeder's application of the principle of liberty of expression to so tabooed a subject as sex will appear "extreme."

He will no doubt be adjudged an "extremist" and critics will mete out to him all the praise and blame which are invariably the lot of the extremist in our midst.

J. S. VAN TESLAAR.

Cambridge, Mass.

BOOKS RECEIVED

SELECTED PAPERS OF DR. CARLOS J. FINLAY. *Republica de Cuba*, Havana, 1912. xxxiv and 657.

THE DELAYED REACTION IN ANIMALS AND CHILDREN. Behavior Monographs. Vol. 2, No. 1. *Walter S. Hunter*. Henry Holt & Company. Pp. v and 86. \$1.15.

THE CANADIAN PORCUPINE. Behavior Monographs. Vol. 2, No. 2. *Leroy Walter Sackett*. Henry Holt & Company. Pp. iii and 84. 15 cents.

TRAITE CLINIQUE ET MEDICO LEGAL DES TROUBLES PSYCHIKES ET NEVROSIGNES POST-TRAUMATIQUES. *Par R. Benon, G. Steinheil*. Paris. Pp. x and 450.

SANE EUGENICS. *By M. P. E. Groszmann*.

THE PSYCHONEUROSES AND THEIR TREATMENT BY PSYCHOTHERAPY. *Prof. J. Dejerine and Dr. E. Gauckler*. Translated by Smith Ely Jelliffe, M.D. Pp. xiii and 395. J. P. Lippincott Company. \$4.00.

AN ELEMENTARY STUDY OF THE BRAIN. *By Eben W. Fiske, A. M., M.D.* Pp. vii and 133. The Macmillan Company. \$1.25 net.

MOTO-SENSORY DEVELOPMENT. *By G. V. N. Dearborn*. Warwick & York. P. 215. \$1.50.

PAPERS READ AT THE SECTION OF PSYCHOLOGICAL MEDICINE AND NEUROLOGY AT THE AUSTRALIAN MEDICAL CONGRESS, SYDNEY, 1911. P. 188. A collection of selected papers by various authors.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

DECEMBER, 1913-JANUARY, 1914

THE CASE OF LOUIS BONAPARTE, KING OF HOLLAND¹

BY ERNEST JONES, M.D., M.R.C.P. (LONDON)

THE life-history of Louis Bonaparte, the brother of the great Napoleon, and the father of Napoleon III, is of no special interest in itself, but it acquires some extrinsic importance through the part he played in contributing to his brother's downfall, an event, the interest and significance of which is such as to make worth while any attempt to throw further light on the problems surrounding it. It was, namely, Louis' attitude towards his brother's views that precipitated the incorporation of Holland into the Empire, and so added one more to the nations that presently rose and overthrew Napoleon. An attempt will here be made to increase our understanding of this attitude by adducing some psychological considerations regarding Louis' personality.

The problem can be shortly described as follows:² Louis was made King of Holland, by Napoleon's will, on June 5th, 1806, with the very grudging consent of the Dutch. He had hesitated considerably before accepting the proposal, and once having done so he proceeded to take up an independent position in opposition to his brother. Napoleon's object was, of course, to bring Holland more directly under his own control than before; to submerge her interests in those of France, and to make her join in his

¹Read before the American Psychopathological Association, May 8th, 1913.

²The original authorities from which the following details are taken are for the most part dealt with in Atteridge's *Napoleon's Brothers*, Rocquain's *Napoléon et le Roi Louis*, and in Masson's works, so that it is not necessary to give individual bibliographical references here.

great contest with England. It was just a few months before he issued his famous Berlin decree, after which he went on to league the whole of the Continent against England in the blockade that was intended to starve her into submission by paralyzing her export trade. Holland was at that time the chief point at which this trade entered the Continent, so that she could not remain neutral, but had to take one side or the other. To join with Napoleon would involve the practical destruction of her own trade, with extreme economic distress until the end of the war, but it was essential to his project that she should make this sacrifice, for which she might be recompensed by the restoring of her colonies if England were conquered. Her narrower national interests were therefore of necessity opposed to the general continental scheme that Napoleon was aiming at, and Louis, although he had been sent to Holland purely for the purpose of supporting and enforcing this scheme, chose to adopt the Dutch point of view and hinder his brother's plans. He would not admit that he was merely a French prince governing what was practically a part of the Empire, and in the interests of the latter as a whole, but regarded himself as an independent sovereign whose duty it was to rule in the interests of his subjects, a laudable enough aim if his view of his situation had only happened to be in conformity with the real facts. This attitude, which was indicated on the day of his state entry into The Hague by his allowing hardly any French to take part in the procession, in which Dutch cavalry formed the escort, became more and more pronounced as time went on, in spite of the most vigorous protests from Napoleon, and extended to the whole sphere of government. In a book written many years later he stated that he entertained throughout different views from his brother on every question that concerned Holland, on the problems of conscription, religion, trade, war, and so on, as well, of course, as on the all-important question of the Continental blockade. The efforts of the French officials were vain in their endeavor to suppress the wholesale smuggling that was rendering the blockade inefficacious, and Napoleon became more and more exasperated. Finally he was driven to undertake the gradual

absorption of Holland into the Greater France he was then building up. Louis, seeing clearly whither his brother was trending, first consented to surrender all his territory up to the banks of the Meuse, but three months later, when the French army was ordered to march into Amsterdam, he abdicated in favor of his son, and fled surreptitiously into Bohemia (July 3rd, 1810). His whereabouts were discovered two weeks later, but he resisted all Napoleon's entreaties and commands to return to France, and proceeded to Gratz, where he lived until just before the fall of the Empire. The incorporation of the whole of Holland into France immediately followed, and this led to chronic discontent and insurrection that lasted until the final overthrow of the French yoke in 1814.

The thesis here maintained is that Louis' conduct was not altogether due to his political blindness in refusing to recognize the inexorable facts of his situation, but was in part determined by his personal attitude towards Napoleon, a matter that becomes more intelligible in the light of modern psychopathology. His lack of co-operation with his brother was not confined to the period of his short Dutch reign, but extended over some seventeen years, until the end of the Empire. Both before these years and after them he was an enthusiastic supporter and defender of his brother, so that we see two opposite tendencies manifesting themselves in his life. More than this, the beginning of the period of hostility synchronized with a complete change in his general character and disposition; we may therefore suspect that we have to do here with something that lay near to the core of his personality.

I proceed now to give an account, as brief as possible, of Louis' life, particularly in regard to his relations with his brother. As is well known, he was Napoleon's favorite brother, was educated personally by him, and was for many years hardly separated from him. Napoleon attached him to his staff when he was barely sixteen, and he remained in this position, going through various stages of promotion, for the greater part of the next three years, from shortly after the fall of Toulon until nearly the end of the first Italian campaign. He seemed at this time to be a very

active and promising officer; at the battle of Arcola he distinguished himself by acts of especial courage and daring, and at Lodi he is said — though this has been denied — to have saved Napoleon's life. Just after this, when he was in his twentieth year, came about the striking character change which was to reduce him for the rest of his life to being little more than a useless encumbrance to all about him. It followed on a serious illness, of which we shall say more presently, and was marked by moodiness, depression, irresolution, seclusiveness and self-withdrawal, and above all, by a most pronounced valetudinarianism. His main and permanent interest now became the care of his health, he tried one after another every cure, spa, and health-resort within reach, and he used this as a pretext to refuse, or to hesitate about accepting, all the duties that were successively imposed on him. In other words, he became a confirmed hypochondriac. He protested against going to Egypt with Napoleon, and was with him there only three months before he got permission to return to France. Three years later he refused to accompany his brother in the second Italian campaign that was to end in Marengo, going instead to Aix. In 1806 he hesitated about accepting the crown of Holland on account of the dampness of the Dutch climate, and when his brother over-ruled his objections he stayed in his new kingdom only a month before leaving for Wiesbaden, leaving the government in the hands of his ministers; within a week of reaching Holland he had written to Napoleon saying that he was suffering from the change of climate and must have a holiday. In the following year, in the contest with Prussia that culminated in Jena, he hesitated to join the army, was filled with concern lest the English should descend on Holland, and behaved throughout the campaign in such a pusillanimous and timorous manner as to convince even his brother that he was totally unfitted for military command. The year after, Napoleon, seeing that he did not serve his purpose in Holland, offered him the crown of Spain, but Louis refused it, on the ground that he was pledged to Holland. Two years later came the abdication and retirement to Gratz. When the Russian campaign was embarked on he remained in Gratz, prophesying

disaster to his brother. At the beginning of 1813 he wrote to Napoleon, offering his services on condition that his kingdom was restored, a demand that he repeated several times throughout the year, and in November he came to France, staying at his mother's château at Pont-sur-Seine. Napoleon pointed out that he was being hampered in his efforts to come to terms with the Allies by his brother's absurd pretensions to the throne of Holland at such a moment, and gave orders to Cambacérès, the Arch-Chancellor of the Empire, that if Louis did not make his submission within two days he was to be arrested. Louis fled to Switzerland, but late in January of 1814 he came to Paris and made his peace with Napoleon, whom he now saw for the last time. He was asked to assist his brother Joseph in the defence of Paris, but he deserted it on the eve of the Allies' attack. On Napoleon's return from Elba, he refused to join him, stayed in Italy making sinister prophecies, and was the only one of the brothers, not even excluding the recalcitrant Lucien — who returned from England after a seven years' exile — to take no part in the Hundred Days.

During, therefore, the whole of Napoleon's period of power, Louis had either refused to co-operate with him or else did so only very grudgingly and half-heartedly. Yet there were occasional moments even in this time when his old devotion to his brother reasserted itself, particularly when the latter seemed in danger: an example of this was when Napoleon was given up for lost in Egypt after the destruction of his fleet, Louis being unceasing in his insistence that the directory should spare no efforts to send reinforcements to Egypt and relieve his brother. As was mentioned above, Louis' attitude towards his brother once more underwent a change after the downfall of the latter, and still more markedly after his death. He busied himself in his later life with making replies to Napoleon's detractors, and wrote a book, for instance, in answer to Sir Walter Scott's "Life of Napoleon," in which he made the savagest attacks on the integrity of this author. The following passages may be quoted from this volume, as indicative of his present attitude towards his brother: "Napoleon is the greatest man that has ever lived"; "Since the world has

existed there has never appeared a general, a conqueror, or a king, who can be compared to him." His own delusion of persecution he parallels, through the process of identification, by developing a similar one in regard to his brother: "I am absolutely convinced that this gigantic undertaking (the expedition to Russia), as well as the affairs in Spain, and the taking over of Holland and the Papal States, were simply snares into which the people about him managed to seduce him, by means of his extraordinary love of fame and his equally unlimited striving to make France ever greater and mightier"; "He would have achieved the most brilliant and decisive of all his successes had Paris only been able to hold out for a few days" (and not been surrendered through treachery).

In attempting to understand better this ambivalent attitude that has just been outlined we have first to ask ourselves whether it cannot be explained as a natural reaction to Napoleon's own rather similar attitude towards his brother. This can best be described as one of striking over-estimation of value, followed later by a gradual disappointment and increasing annoyance. To call it an alternation of love and hate, which we plainly see in the case of Louis, would be to give a very imperfect and incorrect description of it, although, and this is an important point, the external manifestations of it might be so interpreted by some one who experienced this alternation himself, just as the normal conduct of a parent is often in this way interpreted by an over-sensitive child. Namely, Napoleon's treatment of Louis did actually resemble that of an over-fond parent on the one hand, and that of an over-stern one on the other, and no doubt Louis interpreted it as such. A few illustrations will make this clearer, and it will help our understanding of the situation if we try to imagine the effect that the attitude described would have on a boy who doted on his clever and masterful brother, eight years older than himself.

Louis' first memory of his brother was that of a young officer of seventeen, on his first leave of absence to visit his Corsican home. Nearly five years later, in January 1791, Napoleon took him back with him to Auxonne, where

he educated him personally and supported him at his own expense by dint of making serious sacrifices. At this time Napoleon was enchanted with his young pupil-brother, wrote home that "he will turn out a better fellow than any of us others," and prophesied a great future for him. For a few years Louis developed promisingly, and seemed to be fulfilling all the hopes his brother had built on him. It took a long time to destroy this illusion, and Napoleon clung to it for years after it had been dissipated for every one else who knew Louis. In 1801, for instance, after Louis' disappointing behavior in the Egyptian and second Italian campaigns, and four years after the change in his disposition noted above, we find Napoleon saying: "There is no longer any need of our bothering our minds about looking for my successor. I have found one. It is Louis. He has none of the defects of my other brothers, and he has all their good qualities." It was only gradually that he renounced this project of making Louis his successor, and then he replaced it by adopting Louis' eldest son, much against the father's will. Not until the Prussian campaign of 1806 did Napoleon realize his brother's total incapacity. From this time on his treatment of Louis became even more arbitrary than before, though he had always had a way of disposing of him that savored of the spirit of ownership. His attitude in the later years showed still more clearly his characteristic alternation between the kindness for a favorite brother, and the annoyance of a despot at one who constantly disappointed and failed him. Thus, in the March of 1810, on hearing that his brother had left his kingdom for a health-resort, he writes to De Champigny, the Minister for Foreign Affairs: "Prince Louis is to retire from the States of Baden instantly, else he is to be arrested and shut up in a French fortress to expiate all his crimes,"¹ while two months later, in a letter to Louis himself, he refers to him as "a prince who was almost a son to me." Three days after this friendly letter he writes to his brother, "Write me no more of your customary twaddle; three years, now, it has been going on, and every instant proves its falsehood," adding in a post-

¹This letter, and other similar ones, was omitted from the Correspondence of Napoleon, published in the reign of Louis' son, Napoleon III, and they have only recently been made public.

script of his own handwriting, "This is the last letter I shall ever write to you in my life." In another two months he is writing to Lebrun, his Lieutenant-General in Holland, expressing the strongest solicitude and love for Louis. In the November of 1813 he writes to Cambacérès, "I am sending you a letter from King Louis, which appears to me that of a madman," and the day after sends him instructions to have Louis arrested unless he gives in his submission; but two months later he is receiving Louis in the Tuileries with the greatest kindness.

If we now compare the attitudes of Napoleon and Louis towards each other, we see that there are marked differences in the two cases. Napoleon's attitude is perfectly consistent throughout, and is in accord with his whole character. It is that of a masterful man who becomes disappointed at not being able to make the use he had hoped of some one he had over-estimated to begin with, and it is practically identical with his attitude towards many of his followers, such as Junot, Massèna, Murat, and others. Any change in his treatment of Louis is quite intelligible in the light of this, and needs no further explanation. In any case it cannot be regarded as the *cause* of Louis' change in attitude, for this had preceded it by several years, and must therefore have been a primary one. Louis' attitude, which was obviously much more personal, gives, on the other hand, the impression of proceeding from some inner conflict, and this inference is greatly strengthened, both by the fact that the change in it was accompanied by a severe neurotic disturbance, and by a number of other considerations which will presently be mentioned.

It is already not difficult to surmise what the nature of this conflict must have been, namely, his homosexual attraction to Napoleon, and having this key we can unlock most of the problems here under discussion. That the homosexual component, of the feminine variety, was unusually pronounced in Louis there is little room for doubt. To judge from the stories of his dissipations in the intervals of the Italian campaign, he was making a manful attempt to overcome this tendency, and to develop the heterosexual side of his nature, when the event happened that was to

change his whole life and ruin his happiness. This was an attack of venereal disease, which caused in his twentieth year a long and serious illness, and which left him a hypochondriacal invalid, permanently crippled by what in all probability was gonorrhœal rheumatism. From this moment he became a changed man. The influence that such an event may exercise in the case of a man of a certain disposition is well known to us from experience in daily practice, and has often been illustrated in history, notably in the case of Nietzsche. A pronounced misogyny is apt to develop, aided by the primary weakness (or inhibition) of the heterosexual instinct, and the only avenue of escape from the homosexual tendency is thus violently closed. In Louis' case the event threw him back for a time on his old love for Napoleon, and we find Josephine, in 1800, making to Roederer the strong statement, "He loves Bonaparte as a lover does his mistress. The letters he wrote to him when he left Egypt are so tender as to make tears come to one's eyes." This remark is made by a woman who disliked her husband's brothers, and who had a rich experience in what love letters should be like; the significance of the remark is therefore not to be under-estimated.

Louis' misogyny, however, was far from being absolute, and he made several further attempts to find consolation in the arms of woman. Early in 1798 he had fallen in love with a school friend of his sister's, a niece of Josephine, but Napoleon interfered and put an end to the affair by taking the girl from school and promptly marrying her to one of his adjutants, Lavalette. In his disappointment Louis plunged into reckless dissipation in Paris, but his soldier brother again stepped in, carried him off to Toulon on the way to Egypt, told him to stop playing the fool, and made him march reluctantly along the path of military glory. Four years later Napoleon again undertook to direct his brother's love-instinct, this time in a more positive way by getting him to marry Josephine's daughter, Hortense. Louis at first sulked, and fled to his country estate at Baillon in order to avoid the young lady, but he ultimately gave his consent to the wedding, which took place on March 3rd, 1802, when he was twenty-four years old. From the point of view

of happiness, the marriage was, as might have been expected, a complete failure. Within a few weeks his old, dreamy, restless mood again took possession of him, his wife became anxious and unhappy, and after two months of married life he abandoned her in Paris, so that she had to return to her mother. Seven months later a son was born, Napoleon Charles (the names of his brother and father), and the rumor became current that Napoleon was the father. It is practically certain that the rumor was false, but it was so persistent and so wide-spread throughout Europe, that Napoleon, after making an effort to discredit it, reconciled himself to it and concluded that, since he meant to make the boy his heir and successor, it wouldn't be altogether a bad thing if it were believed that he was his own son. From this time Louis' old affection for his brother disappeared more completely, and was more obviously replaced by a mixture of suspicion and smothered hatred. It is not definitely known to what extent he shared the popular belief about his son, but his subsequent conduct makes it highly probable that he was unable altogether to dismiss it from his mind. He was jealous of Napoleon's intense fondness for the boy, and refused to allow him to be chosen as the successor to the imperial throne for fear that Napoleon might adopt him and take him away; later on he refused to let his son be given the crown of Italy, and for the same reason. At the same time he gave his affection, not to his eldest son, but to the second one, about whose paternity there was never any question. His married life lasted six or seven years, and was a series of jealous quarrels with occasional reconciliations, such as during his wife's passionate grief over the death of their eldest son. She was prostrated by the occurrence and was sent to recuperate at Cauterets, in the Pyrenees; from here rumors reached Louis of her being too friendly with Decazes and Verhuell, two of his officials, and he now came definitely to believe in her infidelity. Another son, who later became Napoleon III, was born the next year, and Louis took the view, probably an incorrect one, that he was not the father, although he publicly recognized the boy as his own. He was permanently estranged from his wife after the Pyrenees

visit, and in December, 1809, he formally petitioned for a separation. This was the very month in which Napoleon was arranging his divorce from Josephine, a circumstance which cannot be a coincidence, for it was a most inopportune moment, and which clearly shows how Louis was still identifying himself with his brother. A family council was called together, according to the French law, and to avoid scandal an informal separation was arranged, which lasted until Hortense's death, twenty-eight years later. Not long after this Napoleon's son was born, Marie-Louise's child, and Louis, who was now in retirement in Gratz, reacted to the news as though the event had been purposely arranged as a personal blow against himself; he became more embittered than ever against the Emperor, who, according to him, had robbed him of his throne, taken his children from him, and had now produced a son himself who was to steal the heritage of Louis'. The last relation he had with his wife was to bring a law-suit against her on the fall of the Empire to get possession of his elder surviving son, the one concerning whose paternity there was no question; he was granted this by the courts, but Hortense refused to part with the boy.

An interesting matter, and one which throws much light on Louis' conduct at the most important period of his life, is that his reactions in the sphere of international politics to a large extent duplicated those of his personal life in relation to his brother, a process known as introjection (Ferenczi). This is well brought out in a book he published some nineteen years after his abdication, from which I quote the following passage: "Since a great State must necessarily exert an important influence on the others, I wanted this influence (in the case of France and Holland) to be the result of friendship, of good treatment, of mutual inclination and of benevolence on the part of the stronger one in regard to the weaker, so that the interest of the latter would come into accord with its inclination." This is evidently a parallel of his idea of what Napoleon's attitude should be towards him personally. How far he carried the identification of himself with Holland is illustrated by his cherishing the delusion that his former kingdom was mourning his absence

and longing for his return, and this at the end of 1813, at a time when the Dutch were rising in insurrection against the French yoke and were massacring French officials in large numbers; Louis even went so far about this time as to write to a number of prominent men in Amsterdam, assuring them that he would soon be amongst them again, and that their (!) desire to have him as their permanent king would be gratified.

We may now sum up the preceding discussion. Thanks to the investigations of the past few years, it is known that delusions of jealousy and delusions of persecution, the two most characteristic symptoms of the paranoid syndrome, are practically pathognomonic of repressed homosexuality, in which they take their origin, and on this ground alone, quite apart from the other evidence detailed above, we are justified in concluding that here lay the root of Louis' trouble. The delusions of persecution are the expression of disappointed love, and are brought about by means of a double inversion of the underlying content. The love is replaced by hate, a process often enough pointed out by poets and great writers, and the emotion is ascribed to, or projected on to, the person towards whom it was originally directed. This explains how it is that such delusions always begin in reference to persons whom the patient had loved, though they usually extend later to others who replace these in his imagination. Finding that he cannot love them, he hates them instead, and fancies that they hate him. In Louis' case this delusion remained chiefly localized to Napoleon, but we noted a tendency to extension in his conviction that Napoleon, with whom he here identifies himself, was the victim of a carefully laid plot to lure him to destruction. The psychological structure of delusions of jealousy is still simpler, there being merely a projection of the emotion, without any change in the nature of this. The patient accuses his wife of loving a man whom he himself would like to love. This also, like the previous one, may get generalized, and with Louis we see examples of both kind. He suspects his wife of having sexual relations, first with Napoleon, and then later with other men, members not of his actual family, but of his symbolic family, his court. It is

instructive to see that the second of these suspicions, being a more disguised manifestation of the homosexual wish, is allowed to come to more open expression than the first one; the former was a fixed idea, while the latter was hardly more than a half-avowed suspicion.

It is not really correct to speak of delusions with Louis, at least not in the strict psychiatric sense of the word, for it is rather a question of pre-conscious beliefs which his reflective judgment was able to a great extent to hold in check. Louis never became a true paranoiac, though he certainly exhibited definite paranoid tendencies. All through his life we see him struggling against these, and against the homosexuality from which they sprang. As an instance of the devices he adopted to defend himself against his delusional tendencies, may be quoted the following: Some years after Napoleon's death he published the statement that his brother had never been unfaithful to Josephine; Napoleon, whose amours were the talk of Europe, and who was known to have had at least thirty mistresses during his wedded life with Josephine! The object of this attempt at self-deception on Louis' part is quite plain; if Napoleon had never betrayed Josephine, it was a guarantee that he could never have betrayed Louis, and that the latter's suspicion regarding his wife had been unfounded. By such desperate measures as this Louis kept his abnormal tendencies to some extent within check, and so managed to preserve his reason, but it was at a heavy cost, at the expense of becoming a nervous invalid for the whole of his life. He sacrificed his health rather than his reason, and he had no energy left to make him a useful member of society.

Of the bearing that Louis' conduct had on his brother's plans, of the difference it made to the course of history, and the not inconsiderable extent to which it contributed, directly and indirectly, to the downfall of the Empire, this is not the place to speak; the object of the present paper is merely to illustrate that knowledge gained from psychopathology, and unobtainable in any other way, may be of service in helping to elucidate even purely historical problems.

SOME NOTES ON "TRANSFERENCE"¹

BY SMITH ELY JELLIFFE, M.D., PH.D.

*Adjunct Professor of Diseases of the Mind and Nervous System, Post-Graduate Medical School and Hospital;
Visiting Neurologist, City Hospital, New York*

IN a recent comment on Brill's series of papers on Psychoanalysis, the reviewer has spoken of the subject of Transference as "electrically charged," and as being "gingerly handled." I can very well understand this attitude, and in offering some observations concerning the subject of transference, I do so with the recognition that I am entering a field of more than usual complexity, — one that is filled with potentialities for good and evil and one which needs much care in interpretation.

And yet, at the same time, the whole psychoanalytic situation, so far as successful therapy is concerned, is intimately bound up in the transference, and one whose purpose it is to attempt to get at the causes for good or bad therapy, must needs view this situation as comprehensively as possible.

Stated categorically and baldly, for the sake of bringing the subject up for discussion, I may say that without proper transference a successful therapy for the psychoneuroses is impossible.

The members of this Association realize what this *rapprochement* or transference means. It is well known that we are not dealing with any new phenomenon. It is older than the Mosaic law — and, like all old truths, it is constantly being stated and re-stated from epoch to epoch, in new forms, and at recurring times with sharper and sharper differentiation.

The psychoanalytic method fortunately enables one to deal with the subject of transference much more definitely than ever before. It affords positive criteria whereby one is enabled to watch its development, realize its tendencies, guide its direction, and, at times, regain its losses for the

¹Read at the 1913 Annual Meeting of the American Psychopathological Society.

sake of the patient. At the same time it provides the most exquisite sensitizer which, rightly used, compels the psychoanalyst to search his own complexes and resistances, and forces him to keep clearly the goal in view — *i. e.* the patient's best interests, and not his own gratification or glorification.

The *bon mot* of that famous pragmatic philosopher, Mr. Dooley, that "truth is truth when it works," is as applicable to the psychoanalyst as to the patient, and if the transference is not working, the operator is compelled to examine *himself* to see if *his* own truths are truths and are not self-deceptions.

I am persuaded that such a point of view is quite incomprehensible to the physician unsympathetic to or unskilled in the psychoanalytic method. One sees this in its clearest light in the malicious criticism leveled at psychoanalysts, that the discussion of sexual subjects is its chief procedure. This criticism not only shows a malevolent spirit on the part of the critic, but also a colossal ignorance on his part of the whole purpose of psychoanalysis, and particularly a superficial and hardly a bowing acquaintance with the intimate character of the psychoneurotic himself.

When it is realized that the very essence of the work of the psychoanalyst is to bring about an intelligent synthesis of a disturbed personality, which from childhood up has handled certain fundamental instinctive reactions in a maladaptive manner; when it is universally recognized that, for the larger part, these patients are most sensitive and repellant to any idea having even the intimation of a sexual content, when, moreover, the psychoneurotic often represents those with the most highly developed ethical and cultural of aspirations as well as actions, — it can be grasped, by even the simplest intelligence, that any, and much more a tactless, handling of the patient's sexuality, tends to destroy the possibility of that *rapprochement* which is necessary for the successful understanding and hence the treatment of the sick patient.

If then psychoanalysis, as a method, really permits any great advance over earlier methods of handling the psychoneuroses it must in some measure be through its

better knowledge of and modes of dealing with transference. This I believe to be true.

Physicians there have always been who without any technical knowledge of transference, yet nevertheless have been very efficient in the treatment of certain types of the psychoneuroses. Fortunately, for many psychoneurotics, no such knowledge is needed either on the part of themselves or on the part of their physicians — transference takes place nevertheless spontaneously, and is responsible for the good results. One may call it natural gift, sympathetic bedside manners, therapeutic tact, great insight, or experience and the "knowing how"; it still remains that the psychoneurotic patient establishes a *rapprochement*, a transference with the physician relative to the therapeutic situation.

The physician, viewed as a functional unit in society, represents for the individuals in that society, that portion of themselves given over to the protection of their bodies from the forces of disease. Each patient therefore identifies the physician as a part of himself, a special part, and psychically speaking, identical, if like the rest of himself, *i. e.*, if there is sympathetic insight. This sympathetic insight, this identification with self, or if you will, stating it in other terms, this taking up of the father-image, the mother-image, the brother-image, is one of the fundamental causes for the transference given to the physician. Without it, the physician lies without the pale, and so far as the psychical life is concerned, can be of little or of no service.

Many are inclined to place the transference on a much more superficial, and, to them, perhaps more comprehensible level. One hears it frequently said, particularly by the envious, that all the women are daffy about Doctor So-and-So; his success is due to his good looks, his fine clothes, or his social position; at all events he hypnotizes his patients and they fall in love with him. While there may be some aspect of truth in all this, still transference is a much more subtle and fundamental relationship than those just mentioned. It is love if one will, but in psychoanalysis, love for an object — and one only, namely the ultimate unloosing of the transference and the restoration of the patient to a healthy contact with reality. Transformed, made over,

born again — if you will. From this point of view the physician serves solely as a bridge for the newly directed *libido* to find its way into real life.

He who would use the transference as a plaything; he who would utilize it solely for financial gain; he who through unconsciousness of its real import or through ignorance of its being there misuses it, each alike is reprehensible and such a one is not entitled to his place as a functional unit in society protected by a medical diploma.

To be more specific, I have thought to place before you some notes on the forms in which transference has shown itself to me, what it has taught me to do, and what not to do, and how it may be utilized for the purposes of furthering the treatment of the patient, or of recognizing that for this or that patient the situation is not propitious so far as oneself is concerned. In this latter case one should see one's duty and retire before an injury is done to the patient's possible belief in psychoanalysis. This patient then may be able to establish a *rapprochement* with some one else whose personality fits better with his own. It can hardly be hoped that even in this last contingent sincere psychoanalytic handling of the knowledge of transference will prevent the gleeful sarcasms of one's fellows to whom the rejected patients may go. The belief in a present, universal love is hardly the psychoanalyst's belief even if it may be his hope — still, nevertheless, grim satisfaction concerning his own conduct may be his abreacting salvation.

I take it to be the experience of many here who have put the psychoanalytic methods to the test of experience that they soon commence to recognize themselves in the patient's dreams. At first the stereotypy struck me — it was only later, that I began to see how various might be the symbolizations which expressed the identification and the transference at the same time.

For me to be a *policeman*, a *priest*, a *chauffeur*, is quite understandable to those of you who look at me now. As policeman I have "shielded from harm," have "kept away enemies," have "arrested impudent intruders," and "frightened away naughty boys"; as priest, confession has been ready and admonition invited, while as a chauffeur

or engineer positive transference has permitted dangerous journeys over rough roads and in stormy weather, and even invited to flight and a new life.

These are all every-day occurrences, I feel, to those of you at all interested in psychoanalysis. Even when such obvious symbolizations have seemed to invite a rapid foray into what would appear a fairly comprehensible latent dream content, I have learned, however, to regard such symbols as indicating that whereas policemen, chauffeurs and engineers might be all very well in the beginning of a transference as indicating possibly strength and power, yet for some of the finer work of soul surgery I would rather detect myself in a disguise more in touch with the ideal life of the patient, before I got at levels in which mere physical strength is not an asset.

When in a dream I appeared as "*a threatening cloud that promised to wash away and destroy seven or eight little books which were hastily brought into the house and put on the wash-stand,*" I felt more as a real element of nature and made bold to get at the inside of those seven or eight little life adventures that needed to be brought into contact with something cleansing.

When looked at from a balcony "*as a Chinese preacher, dressed in a Roman toga and preaching a Hebrew religion,*" it behooved me to realize I had a very simple, untrained country woman before me whose whole philological, historical and cultural *pabulum* had been drawn from infrequent feedings from the *Aurora Weekly* and it counseled me to come down to the earth and talk in words of two syllables if I was to be of any use to her.

During the treatment of an intelligent college-trained woman of thirty-two, with fairly acute recent hysterical conversion headache, replacing or going hand-in-hand with a long series of years of gastrointestinal vagaries and a tendency to easy crying, dating from the fourteenth year, I had had occasion to spend a complete session on a phrase "*Des Marches du Muquo,*" which had appeared as a label on a whiskey bottle in a previous dream. The latter part of the protracted *séance* was richly sprinkled with, "that's all," "I don't know," and indifferent associations, and matters

seemed a little flat. It was only at the next *séance* — put off one day — that I was rudely awakened from my self-complacent belief that I had accomplished something in my previous interview by seeing myself classed with the long troupe of “stick out your tongue!” “acid stomach,” “feel your pulse,” “you’ve got a fever” doctors and replaced by a female physician from a conveniently passing suffragette parade. Needless to say, I soon found out that I had been committing that unpardonable psychoanalytic error of trying to force the patient too rapidly. I had held her up too rigidly to her task, whereas greater skill would have made me aware that in the “I don’t know,” “that’s alls,” and indifferent associations, I should have taken the hint and gone to other fields. We got hold of the resistances, my own as well as hers, however, and “*an impudent chauffeur who was discharged*” in a dream the next night, had a place beside the dreamer and “*lit the lights while she traveled in a dark and unknown country.*” The analysis then went on with a sudden plunge into a deeper layer filled with material of the greatest value. The headache had been very much put out in the meantime.

As illustrating the more priestly transference symbolism, the following dream fragment, somewhat condensed, may be of value. The patient, a young married woman of twenty-six, who had had two miscarriages, and who was much reduced in weight, had lost all interest in everything, did not care for her husband (who treated her too considerately), and who had a severe circumoral acne, rendering her extremely unattractive, which still further depressed her. It was in the early course of her treatment, shortly after the general situation had been outlined, but before any real intimate history had been obtained. She dreamed: “*I was all alone on a desert island, Hawaii, Honolulu or what not; I was told that I would meet every one I loved on the island. I met my mother and she was very sad. Her husband did not love her any more. I met a cousin of mine with two lovely children and she was very happy. She asked me why I was so sad, and I said because my father did not love my mother any more, and she said ‘If you would believe in Yogi, as I do, you would be happy’*” — and the patient turned to me and asked

me "is there such a word as Yogi, I never heard it before" — I assured her there was — and she went on — "*and in the dream a long discussion arose between them as to Yogi, a new religion, progress, the merits and contrasts of Yogi and God — etc.*" The full dream need not concern us.

Here I was Yogi, and the transference was formulating itself; herself as sad-self and herself as happy cousin debated it. Needless to say Yogi won and then some comprehension of the foundation of the psychoneurosis commenced to appear. Later in the treatment of the same patient, in her dream she was in my consultation room and she asked me *if Mrs. J— was French and I said no, she was German.* This dream showed on partial analysis, occupying two sessions, much overdetermination in its symbolism — illustrating in the first place what both Freud and Stekel have spoken of, the use of physician's wife as a transference symbol; raised the question how I was to be regarded in an essentially delicate and difficult situation, and finally at a lower level led immediately to a symbolism which cleared up the mental foundation of her acne. This on careful and tactful explanation in terms of the infantile phantasy point of view, and with the aid of the mother brought up to a tragic *fellatio* experience occurring at the age of three, and within ten days the acne of three years' standing disappeared entirely.

These examples of positive transference contain little that is unique — I hardly feel in a position to present unique features because of my limited experience, but I might relate an instance of what seems a more veiled transference showing in that form that Stekel has referred to as the "house of the physician." Needless to say, I have not felt it necessary to go over all of the analyses that have led me to the conclusions that these illustrated transference.

"*Last night I dreamed that one of my sisters and I had been visiting another sister. We left her home and were rowed by some man to the mainland, where we expected apparently to get a train. But instead of taking a train I entered some house. I was more than cordially welcomed by the owner of this home, and it occurred to me that some one, my mother, had told me that I would find under the floor in a certain room a hidden treasure. I removed a number of boards and found*

a large box filled with odds and ends, mostly books and bottles of wine. I gave them to the various people standing about. Almost the last thing I took out of the box was a sleeping bag of silk, lined with brown. This seemed to please me very much, and made me feel happy. I said I should keep this for myself. I am sure that the owner of this house was a stranger to me, yet several times he spoke of his love for me. I always replied that was something he must forget.

Many things were hidden behind those "books" and the "bottles of wine" which never would have been reached in this compulsion neurosis had I not had a hint as to where I stood in the situation.

For this patient has shown the most marked ambivalence in her transferences—at times the rising barriers have threatened to drive her away, but with the subtle barometer of the dream-revealed transference, stormy scenes have been avoided, and the analysis has almost laid bare the entire contents of this Pandora's box.

This patient has also taught me the value of the keen suggestions in Freud's paper on the "*Dynamik der Uebertragung*" in the *Zentralblatt* of last year, for here the resistances were chiefly due to the infantile regressive factors.

The battle of intellect and instinct, which is present in these psychoneurotics, is a stirring one, and the physician who would succeed must needs look sharp to the transference.

I am aware of the somewhat simplistic nature of this: my first psychoanalytic communication. I tender it as a slight earnest of my purpose to understand.

PSYCHANALYTIC FRAGMENTS FROM A DAY'S WORK¹

BY A. A. BRILL, PH.B., M.D.

Chief of Clinic of Psychiatry and Clinical Assistant in Neurology, Columbia University; Chief of the Neurological Department, Bronx Hospital and Dispensary, New York.

AFTER having decided to read a paper before this society, I found it rather difficult to make up my mind as to the selection of the proper case. I examined at least a dozen analyzed cases, any one of which I should have liked to bring before you, but I soon had to give up this idea. Previous experience taught me that it would have been impossible to do justice to the analyses, or to carry conviction to those who are unacquainted with the principles of psychoanalysis, in the short time at my disposal. It must be remembered that the work of months can hardly be condensed into twenty minutes. The idea then struck me to read short analyses from one day's work. For a number of reasons I selected December 14, 1912.

(a) THE ANALYSIS OF AN HYSTERICAL SYMPTOM

I saw Miss A. for the first time in August, 1911, when she was referred to me by Dr. Morton Prince of Boston. At that time she suffered from fits of depression and dependency, which were the results of sexual conflicts. She was bisexually predisposed, more homo- than heterosexual, and before coming to us had gone through a number of unhappy homosexual affairs. Due to her unrequited *libido* she masturbated rather excessively, and suffered from the usual conflicts of the chronic masturbator. The conditions were not favorable for a regular course of psychoanalytic treatment, so I saw her only a few times a month, and after a few months she left me very much improved. She returned about six months later, and since then I have seen her periodically two or three times a month. I shall

¹Read before the American Psychopathological Association at Washington, D. C., May 8, 1913.

not enter into the various mechanisms at play, as I have no intention of describing the case as such. I will simply state that besides the symptoms mentioned she showed many of an hysterical character, and I will here describe the analysis of one of the symptoms.

When she came to me last fall she told me she was getting along very well, except for the following complaint. She imagined that she had cancer in the right breast. She had no definite pain, but felt a peculiar annoying feeling. There was no growth or mark of any kind to justify the slightest suspicion, as is usual in such cases. She herself realized that she had no cancer, still she could not shake off her obsessive fear. I tried to get some light on the subject, but I could discover nothing important. A few weeks later she brought me the following dream:

"I dreamed that I was inspecting a cellar belonging to an Italian woman. The cellar was, or we were, exposed to the view of a man. It seemed that I knew that in the cellar there was gold or some other valuable thing. I saw this man watching me. I went down and he followed me. He was tall, young, rather well-dressed, but brutal looking. I was sure that he intended to do me some harm in order to get the gold or valuables, and I managed to call, 'Police! Police! Police!' I was surprised that I could call out at all as I was very badly frightened. Then I called, 'Help! Help! Help!' but my voice could not carry very far. Then the man quickly plunged a stiletto into my right breast, just below the fleshy part. I felt a sickening sensation and began to swoon. I then reached my hand up and began to pull out the dagger. I could hear the queer noise it made separating from the bones and flesh, and felt a wet feeling around it. I pulled it only a little way when I woke up."

As soon as she began to focus her attention on the dream she dimly recalled that she had a similar dream before she perceived the feeling in the chest, which was later formed into the cancer obsession. This led me to think that we dealt here with a resolution dream, that the dreamer resolved to do a certain thing, and the dream continued to represent it as realized because it was not accomplished. Now let us see what the dream represents as fulfilled. The

associations to cellar were: the lower part of the house,—filthy cellars in tenements,—a dark, mysterious opening,—the female genitals. This was also corroborated by the fact that she was aware in the dream that the cellar contained some gold or other valuable thing. The description of the man corresponds to the type of man that plays a part in her fancies. She is very masochistic and of the very petite type, and a "tall, young, rather well-dressed, but brutal looking man" would just suit her. This is shown in the dream by the fact that she was sure that he intended to do her some harm in order to get the gold or valuables. The stiletto and the stabbing in the breast are symbolic of coitus, and show the well-known mechanism of displacement from below to above.¹ This is further determined by the fact that at the age of nine years the dreamer had sexual relations with a man of the type described in the dream. The dream is, therefore, a symbolic expression of coitus, which played a very great part in the dreamer's mind at that time. The feeling in the breast, or the phobia, was the remnant of the dream, which, through conversion, became a hysterical symptom and symbolized pregnancy, which was her strongest wish. This case shows the influence of dreams on waking life, as described by Dr. Jones,² and dreams as determinants of the form of symptoms as described by Waterman³ and others. The symptom disappeared with the analysis.

(b) A HOMOSEXUAL'S RESISTANCE TO HETEROSEXUALITY

The next patient had been under treatment for about ten days. He was referred to me because for years he had been nervous, and mentally and physically fatigued. He suffered from many hysterical symptoms referable to the psychic and somatic spheres. The chief trouble was homosexuality, which he practised for years, and which he gave

¹Cf. Freud: *The Interpretation of Dreams*, p. 234; and Brill: *Psychoanalysis; Its Theories and Practical Application*, p. 56.

²*Selected Papers on Psychoanalysis*, p. 346, Wood & Co., New York.

³*Dreams as a Cause of Symptoms*, *JOURNAL OF ABNORMAL PSYCHOLOGY*, October-November, 1910, p. 196.

up on account of social fear and other conflicts. He had an abhorrence for heterosexuality, especially for promiscuous sexuality, which he designated as filthy and dirty. The previous day we discussed the length and the cost of the treatment, and although a man of wealth he was not sure whether he could afford the treatment. I was convinced that there were deeper reasons for his indetermination, and as will be shown from the following dream my assumptions were justified. He dreamed that he was with his cousin on the bank of a deep and strong, flowing river. To quote his words:

1. *"I was undecided whether to swim across or not. I did not dare do it. We happened to find a lot of dirty rags, old torn blankets, which were full of bedbugs and fleas, and we wrapped ourselves up. We then went around a farm house and found a narrow part of the river, four feet wide, and I jumped across it."*

2. *"I was motoring from S. to R., which is only a distance of a few miles. I kept on going and going without ever getting there. The distance seemed to be interminable."*

3. *"I was in Rome in the Hotel Palace, where I once passed three delightful months."*

Analysis: A river meant to him a symbol of religion and purity. He recalled the Jordan and the Ganges; the first Christians were purged of their sins in the Jordan. He thought that the Ganges still served similar functions for the Hindoos. This recalled the psychoanalytic treatment which is also a purgation. He was told about the cathartic method of treatment and discussed it with me the day before. I told him that psychoanalysis is not a simple catharsis as some believe, that it is not as superficial as that, that it goes considerably deeper, hence the deep, strong, flowing river in the dream. That he was undetermined about swimming it signifies his feeling about the psychoanalytic treatment. Wrapping himself in dirty rags full of vermin is the chief resistance against giving up homosexuality and taking up heterosexuality which he considers filthy. This part of the dream recalled a boat trip, during which he was troubled by bedbugs. It also recalled the disagreeable elements of promiscuous heterosexuality,

such as infection and pediculi. The last part of the dream, "We then went around a farm house and found a narrow part of the river, four feet wide, and I jumped across," again refers to the discussion about the treatment. He wanted to know whether seeing me four times a week would not be as effective as five times, which I suggested, and whether I could not give him half an hour at each *seance* instead of an hour as I usually do, and so reduce my fee to half. It will be noticed that he sometimes uses the pronoun I and sometimes we. He referred to his cousin, for whom he entertains an ideal homosexual love.

The second dream, dealing with the interminable distance, expresses the *or* of the first dream. He will either be cured *or* he will continue with his motoring. Motoring to the patient means masturbating. He is very hyperesthetic sexually, and the slightest motion often causes him pollutions. Lately he had pollutions while motoring in his car.

The third part of the dream — being in Rome — signifies celibacy. This was discussed the previous day. He wanted to know whether it would not be possible for him to lead an asexual life and mentioned the fact that priests do it without any apparent harm.

These dreams, therefore, show the patient's unconscious state of mind, and express his true wishes. The analysis impressed him so much that he decided to accept all my terms for the treatment.

(c) A TRANSPARENT SPEECH-BLUNDER

Speaking with my next patient about mistakes in speech she suddenly recalled one which, as she expressed it, needed no psychanalyst to interpret. She was present at an evening dance given by a wealthy, but not very generous host. Everything went well until about 11.30, when there was an intermission, presumably for supper. To the great disappointment of most of the guests there was no supper; they were instead regaled with thin sandwiches and lemonade. As it was close to election day the conversation was centered on the different candidates, and as the discussion grew warmer, one of the guests, an ardent admirer of the Progressive candidate, remarked to the host,

"You may say what you please about Teddy, but there is one thing you must admit, he can always be depended upon to give one a square meal," wishing to say *deal*. The assembled guests burst into a roaring laughter to the great embarrassment of the speaker and the host, who fully understood each other.

(d) AN ANALYSIS OF AN OBSESSION

My fourth patient was a young man of twenty-three years who had been suffering from a very severe compulsion neurosis since his boyhood. He was obsessed with a great many very bizarre compulsions, a number of which dealt with the idea of death. What here interests us is the following obsession. For years he had to argue for hours and sometimes for days about the idea of killing time. Some of the obsessive thoughts ran as follows: "Am I accomplishing anything in my work, or am I only killing time?" "Is Mr. X (a prominent architect) getting pleasure out of his work, or is he only killing time?" "What is the use of doing anything if you are only killing time?"

When he was invited into society he at once began to argue about killing time. During his visits with me he would often implore me to stop the analysis and answer some of his questions about killing time. He wanted to know whether I enjoyed my work, or if I was only killing time. One of his oft repeated questions was: "Do people really enjoy living, or are they only killing time for want of something to do?" In the characteristic manner of this disease he formed the strangest sort of combinations about this obsessive thought. The patient was with me for months, and though he made much progress, I was helpless when it came to this obsession. A number of times I felt sure that I had found the solution, but while he was perfectly willing to accept what I said, the obsession continued unabated until Dec. 14, 1912. On this day I analyzed one of his dreams in which an old man, who proved to be his father, played a prominent part. I will say, in passing, that his neurosis was directed entirely against his father. His feelings towards the latter were ambivalent, he was abnormally attached to him, and at the same time he hated him

unconsciously. This was especially enhanced by his father's second marriage. He hated his stepmother with all the possible hatred of a stepson, although on the surface nothing could be detected, if anything he was believed to be devoted to her. The associations to the old man of the dream recalled many old men he had known, plus a mass of ideas connected with them. We continued in this manner for some time until one set of associations repeated itself with slight variations over and over again, until I thought that there must be some reason for this recurrence. It ran as follows: "Mr. X is a fine old man. . . . Mr. Z is another nice old gentleman whom I met while I took my trip around the world. He was very interested in me,— he took a sort of fatherly interest in me. He is not as old as he looks; his long, gray beard gives him a patriarchal air,— now he reminds me of Father Time, who is represented as an old, patriarchal looking man, holding a scythe." When I pressed him for further associations he thought of his own father, to whom he often referred as "the old man," and added, "My father is not as old, and has no beard, though he shows some resemblance to Mr. Z." The meaning of the obsession suddenly became clear to me. "Killing time" meant killing his father, which was one of his unconscious thoughts. The obsession was formed first by the slight resemblance between the picture of Father Time and his own father,¹ by substituting the idea, "Father Time" for the visual picture and by omitting the word father (ellipsis). The idea of killing was symbolized by the scythe.²

It is impossible for me to describe the patient's reaction on hearing this analysis. I wish it could be depicted in some way. The emotional reaction was marvelous; for the moment he was speechless, he then cried and laughed, and exclaimed, "Now you've got it, I can feel it, you have taken a ton off my head." The obsession has disappeared with the analysis.

¹He finally recalled that while living abroad a few years ago his father wore a full beard.

²For mechanisms of obsessions, cf. *Freud: Jahrb. f. Psychoan. u. Psychopath. Forschungen* V. 1, p. 416; also Brill: *Psychoanalysis, its Theories and Practical Application*, p. 111. W. B. Saunders, Philadelphia.

(e) A POPULAR SAYING SYMBOLIZED IN A DREAM

The following dreams from the next patient nicely illustrate the symbolic representation of a hidden wish. Miss S. dreamed that she "*passed a very tall building, from which smoke came out. Then some flames burst forth. I could feel the awful heat.*"

Analysis: Miss S. is not very fortunate in love. She is well educated, intelligent, and good-looking, but a little too reserved to suit the average young man. She had many admirers, but for some reason or other the eligible man either failed to appear, or made little progress toward matrimony. The day before the dream she visited a friend, who jokingly teased her about T., one of her admirers. She heard that he was a "steady caller," as she put it, and wanted to know when the engagement would be announced, and so on. Miss S. was embarrassed, and protested that there was no truth in the rumor, that it was nothing but idle gossip. Secretly, however, she cherished the thought that T. might marry her. The conversation ended with the significant remark from her friend, "Where there's smoke there must be fire." The dream fulfills her wish. The very tall building is herself,—she is very tall. She sees the smoke, then the flames, and can feel the awful heat. The saying, where there is smoke there is fire is simply visualized by the dream, and as the dreamer is the chief actor of the dream, she is the tall building. A building or house, as is well known, is an old symbol for the body.¹ We often speak of the body as the house we live in. Fire and heat are symbols of love. The dream thus shows that it is not mere gossip, but that there is not only smoke but fire.

(f) A SYMBOLIC DREAM

The next dream was brought by a young married woman, and reads as follows: "*Mr. E. sent two stick pins, one to my husband and one to my sister, and I was angry because he didn't send me one. There was also something about a brush.*" When I asked the patient to tell me something about Mr. E. she stated that he was her hus-

¹Freud: The Interpretation of Dreams, p. 319.

band's friend, that she was very fond of him, but that she did not like his outspoken plain way of expression. Thus, she went on to say, "The last time I saw him was at the theater. He sat next to me, and his excuse for coming late was that he witnessed a cow dropping a calf." Being an over-modest woman, she was very much shocked to hear him tell that. When I remonstrated with her that a married woman ought not to be shocked by such news she said that she was not the only woman taking exceptions to his way of talking, and that although a perfect gentleman, he had the reputation of being very fond of the ladies. When I asked her to tell me about her sister, L., she said she meant the one who married recently a man much younger than herself, who is a mere boy. She then volunteered the information that she took her sister to Doctor X. (a well-known gynecologist), and as her sister is a zealous Christian Scientist, she found it very difficult to get her to go to a physician for examination. When I asked her what was wrong with her sister, she finally told me that she first suspected pregnancy, but that after the examination the doctor told her that her sister was still a virgin and that there must be something wrong with her husband. If I add that her own husband suffered from a relative impotence, we can understand why Mr. E., who symbolizes the virile man, sends her sister and her own husband stick pins.¹ We have still to explain the last part of the dream in which there was *something about a brush*. When I drew her into conversation I discovered that when some of the more interested members of the family suspected pregnancy they were not at all pleased. The young husband was in no position to take care of his wife, let alone of children, and one of the aunts, hearing that she was going to be examined by a doctor, said to my patient, "If the doctor finds that she is in the family way get him to brush it out." We can now see that this dream, too, is a symbolic representation of hidden wishes, and how nicely the associations tell the story. Mr. E., the virile ladies' man,— the reminiscence of the cow and calf, which shows that the dream deals with childbirth,— the stick pins, which symbolize the male member, — and

¹For a similar symbolization of stick pins, cf. Brill, l. c., p. 212.

the brush which stands for abortion, all these were very important factors in my patient's life.

I could report a few more interesting fragments obtained from patients on this day, but as a psychanalyst does not have to confine himself to material from his patients I will conclude my paper with a report of a symbolic action from my own household. At about eight in the evening of the same day my wife returned, or to be more precise, was assisted to our apartment. I heard the emotional outburst, and opened the door to find her very pale and hysterical, holding in her arms the carcass of our little dog, Basi, which had just been killed by a passing automobile. After I succeeded in calming her I remarked, indiscreetly, to be sure, that I had known for some time that something would happen to the dog, but that I did not think it would come so soon. Mrs. Brill, who is not, by any means, convinced of all my psychanalytic deductions, and who was in no mood for such statements, became very irritable at my remark and wanted to know how I came to such foolish conclusion. To show that my deductions were fully motivated I will have to cite the following facts. Before the advent of the dog just killed, we had had another for about two and a half years, a valuable spaniel, to which we were very much attached. As often happens the pet was killed by a passing automobile, causing us all no little depression. My wife, who was particularly fond of the dog, was inconsolable, so that I decided to replace him by another of the same breed. After considerable searching I purchased a puppy resembling King, our former dog, and in memory of King we named him Basi, which was an abbreviation for Basilos, the Greek for King. Mrs. B. vowed over and over again that this dog should not meet the fate of the former, and decided never to let him off the leash in the street. As soon as the weather permitted we took the dog to the park, and it was then noticed that there was some defect in the snapper of the leash, allowing it to slip off the dog's collar. Mrs. B. promised to buy a new leash at her earliest opportunity, and meanwhile we tied the leash to the collar. The following few weeks the weather was disagreeable, and the dog was not taken out. In passing I will mention that

the *libido* that became detached on the death of King could not entirely be projected on the new dog. King was still fresh in our memory and we were constantly comparing him to the new one, to the latter's disadvantage. Mrs. B. would often remark, "No, he's not like King," etc., but as time went on she gradually became more and more attached to him, and for the last few weeks gave the impression that the dead dog had been replaced. The weather becoming good the dog was taken out in the morning by Mrs. B., and the same afternoon, we were both in the park with him. For some reason she had not purchased a new leash although she had had over a month in which to do so. To see whether he would follow us I untied the leash and let him run free. There was absolutely nothing to fear in the park, but on going home Mrs. B. called my attention to the fact that the leash was not tied. I assured her that I was aware of it and intended to take the dog on my arm on reaching the exit of the park. On this occasion I again reminded her that the dog needed a new leash, and she again promised to buy one. That evening Mrs. B. took the dog into the street without tying the leash, and the new dog met the same fate as the former.

We can now understand why I made this remark. In the first place she found too much fault with the dog, which showed that he had not quite replaced the old one. I also called her attention to the fact that it was gross carelessness on her part to take the dog in the crowded street on this leash, without tying it as she urged me to do only a few hours before, and last, but not least, I recalled the conversation we had at the table half an hour before the accident occurred. She related how she carried the dog on her arm in the morning and that a woman, who admired him, told her that her sister was very fond of the same breed of dogs, and that she had about half a dozen puppies. She ended by saying, "I am sorry that I did not think to ask her sister's name so that we could buy a puppy for ourselves." As we had no intention of keeping more than one dog her remark struck me as strange, and caused me to think that she wanted another dog because she did not care for her own dog. It was for that reason that I was not at all sur-

prised at the accident. The carelessness on her part was determined by her unconscious dislike for this dog, and her desire for another who would be more like King.

It is such experiences gained through years of almost constant occupation with the subject that convinced me of the validity of unconscious and symbolic thinking, and it is only through such personal experiences that one can become convinced of the principles formulated by Freud.

THE MEANING OF THE PSYCHIC FACTOR¹

BY TRIGANT BURROW, M.D., PH.D., BALTIMORE

A Preliminary Study in Psychological Anatomy

THE purpose of the present study is the attempt to formulate within the sphere of genetic psychology such criteria as may help to bring our knowledge to more concrete terms. There is an ever increasing tendency to recognize the rôle of psychological determinants in the production of the functional disorders and the accepted types of neuroses are ranged to-day among the reputable disease processes.

But though the word psychic is glibly invoked on all sides, yet when one comes to face the conception which it is assumed to represent, he finds that the vaguest connotation attaches to the term and everywhere he is baffled by its evasiveness. Indeed, so great is this vagueness and ambiguity that one is led to ask whether after all we are not the dupes of a usage whose real virtue is its convenience in disguising the lack of what we really do mean.

Is it not dimly felt that a disturbance which we denote as psychic is somehow to be set over against and sharply discriminated from disorders which we are wont to describe as physical somewhat in a sense implying that in entering the realm of psychic activities we come into the presence of a totally disparate order of phenomena?

One hears it said, for example, that a condition is purely psychic because there is an entire absence of any physical manifestations, where obviously one adheres to a conception of psychic which contrasts it sharply with that of physical states. The antithesis implied in the phrase "mental and physical" is a commonplace and the current treatises which dilate upon the influence of the mind *over* the body sufficiently attest the distinction in which the two conceptions are held.

In this, as in so many instances, traditional usage is

¹ Paper read at the Fourth Annual Meeting of the American Psychopathological Association, May 8, 1913.

doubtless to blame. We choose at first a form of words as seeming best adapted to our idea; later, habitual phrase acquires a subsidiary function of its own. It is no longer a mere instrument of speech but becomes rather the mould of the original idea which it retains in its first form. Thus words themselves tend, through force of repetition, to shape the thought for which they were primarily intended to stand. And so ideas become fixed in the mordant of usage, and language proves deceptive through distorting its own intent. In this way it comes to pass that a usage originally employed in the service of false, rudimentary conceptions conserves a lasting bias in the mind that tends to befog a more mature and critical manner of thinking.

Now it seems probable that some such verbal bias is answerable for the naive conceptions which still hold sway with regard to the relation of psychic and somatic reactions, and to its influence is due the sense of mystery—it might almost be said of superstition—which even to-day pervades the study of psychic phenomena.

However ably we may think we have cleared our intellectual horizons our vision is still dimmed by a certain residual mediævalism. However great our scientific advance, we yet drag after us the chains of an earlier, more rudimentary mode of thought. Hampered by the traditions of an early scholastic dualism we still delight in the fond old figment of a dual world of experience represented upon the one hand by visible manifestations of a physical order and upon the other by a sort of metaphysical transcendence. For such are the world-old fictions which usage has woven into the fabric of our language and which tend to befuddle the maturer conceptions of our own day.

It would seem then that the hope of a sincere inquiry into the meaning of the psychic factor lies in divesting ourselves of habitual prepossessions and, having broken with the past, in setting out, as far as possible, in the manner of Descartes, with the clean tablets of an unbiased mind.

As long as the loose conceptual makeshifts of present vogue are permitted to prevail in the place of more definite concrete ideas, we seem doomed to flounder forever in a sea of abstractions, without course or direction. So that

it is necessary that we place our psychological conceptions upon a more solid philosophical basis before we may claim a fitness to understand the real significance of the psychic factor and to inquire what the psychic factor ultimately expresses.

The answer which it is here ventured to offer may be stated in the following preliminary thesis: phenomena which we call psychic consist of states of consciousness, *i. e.*, of sensations or feelings which are concomitant in every instance to definite organic reactions — such reactions constituting conversely the physical basis of the impressions we receive from the external world.

A psychic event then is the subjective aspect of certain physiological reactions or it is the sensation accompanying such reactions, these physiological modifications being the objective side of what we know subjectively as impressions. Hence a psychic event of its very nature involves a physiological event.

However, such organic reactions as entail psychic manifestations, *i. e.*, states of consciousness, may be mediated only under specific conditions. Not all stimuli are adapted to induce the organic reactions requisite to a psychic act. Every single protoplasmic element is of course susceptible of stimulation or may become the seat of definite organic modifications due to external stimuli, but it is unlikely that these unicellular elements are capable of receiving impressions of a nature to give rise to a psychic or conscious reaction. On the contrary, such functional reactions are biologically of a far inferior grade. Belonging to a physico-chemical scale of phenomena, they are essentially unitary, simple and uncorrelated.

The question is, then, what is the essential feature of stimuli which are competent to induce such organic modifications as are registered in subjective sensations, that is, in psychic equivalents? In other words, what is shown upon analysis to be the criterion of a psychic act?

This brings us to our basic postulate: *the criterion of reactions we call psychic consists in the synthesis of two or more stimuli into a simultaneous unitary reaction.*

That is to say, the inherent condition of a psychic

reaction inevitably entails the presence simultaneously of diverse, separate stimuli; for it is precisely in the unification of two or more elements in a single, co-ordinate reaction that consists the basic mechanism of a conscious process. Let us illustrate: When light-rays of a certain rate of vibration, say a velocity corresponding to "red," fall upon the rods and cones of the retina, a stimulus is produced which is transmitted centralwards, whence it may be assumed to pass into general organic irradiations. But such a single, elementary stimulus would be of itself forever ineffective to awaken a state of consciousness.¹

For in the presence of this mere single, isolated element, uncoupled with any supplementary, attributive factor, of what may there be a consciousness or knowledge? For consciousness is essentially attributive. In its most simple, elementary form it presupposes something *about* something. Implying, as etymologically it does imply, an apposition, consciousness or co-knowing necessitates the presence of two terms, representing subject and object. For the very essence of that we call consciousness is predication. The simplest act of consciousness is a statement, a judgment, an affirmation.

Therefore the above-mentioned light-stimulus is, of itself, and alone, utterly inert to awaken a state of consciousness. Given singly it simply does not exist as regards consciousness.

But it is only when to the visual stimulus another stimulus is added, as for example, the auditory stimulus yielded by the word "red" that there is produced the particular organic reaction which constitutes the physical basis of the reaction we know as the consciousness of "*red*." Consciousness then is the sensation or feeling or mental reaction induced through the fusion of two (or more) separate elementary stimuli, in this instance a visual and an auditory, into a unitary stimulus-complex.² That is to say a com-

¹That the low, elementary reactions due to such unitary stimuli have also their functional counterpart is, of course, not to be denied.

²As perhaps, however, in the present advanced stage of our development, no absolutely elementary stimulus ever reaches us but comes to us out of a sort of stimulus-complex or system of stimuli and thus is not simple, even such functional components of a compound impression are only relatively elementary, being themselves theoretically resolvable into further constituents, the origin of which, however, is ontogenetically too remote to admit of further analysis.

pound or group stimulus is requisite to induce those specific organic reactions which involve the concomitant sensations we know as conscious or psychic states. The auditory stimulus therefore is, of course, equally futile of itself to produce a state of consciousness.

In the above example we have again to recognize our bondage to linguistic usage and to consider that "red" is after all but a word, a mere verbal instrument or symbol, brought into relation with a certain visual stimulus whereby it is lifted to the level of a conscious perception and given the stamp of social currency.

Let it be noted that the position here taken is not that a conscious or psychic state is *caused by* or *due to* or is the *resultant* of the physiological reaction induced through the simultaneous incidence of such external stimuli; but that such physiological reactions *are eo ipso* or *constitute of themselves* such conscious states.

In other words a conscious state is the concomitant reaction or mode subjectively experienced when there occurs a unitary physiological reaction compounded of separate sense impressions. We may say then that consciousness is the obverse aspect of such physiological reactions.

Our first proposition then states that psychic activity is the manifestation in consciousness of physiological phenomena. So that when we speak of psychic events we, of necessity, posit a physiological substrate. When it is said that an individual receives such and such an impression — thinks so and so — we mean that he experiences a state of consciousness corresponding to certain organic changes induced through appropriate external stimuli, the physiological reaction representing the phenomenon in its objective aspect, the psychological reaction, which to Huxley stood as an epiphenomenon, representing the identical reaction in its subjective phase.

After all, the thesis offered here is but a modification and extension of that set forth by James in his reflex theory of the emotions. The priority which he there gives to the physiological reaction of the organism to a given stimulus, assuming that the psychic excitation is concomitant to the visceral disturbances evoked, is here given the range

of universal application throughout the realm of psychobiology. For intellect is but a refinement of primary biological emotions. Such a conception at the least affords us the advantage of greater definiteness and solidity.

Our second proposition maintains that the organic excitations which attain the level of conscious concomitance are distinguished by the unification of disparate organic modifications into a single composite reaction.

We have then upon the physiological side a compound organic reaction of greater or less complexity and upon the other its concomitant feeling-tone or psychic equivalent, *i. e.*, a state of consciousness. This compound organic reaction is theoretically resolvable into its separate organic components, representing on the one hand, let us say, as above, the physiological response to the stimulus produced by sound-waves of a certain length, amplitude and velocity of vibration — a component, which as regards its physiological analysis is equal to x ; and representing on the other hand the physiological reaction resulting from the stimulus yielded by light-waves of a length equal to .64–.76 micron. Each of these two separate components has a functional, or subjective equivalent which correspondingly as regards its analysis is equal to x . Each is of itself *psychologically* inaccessible. That is, to the primordial mind, the word “red” is utterly meaningless. It produces no effect in consciousness.¹ Similarly the stimulus yielded by light-waves of a length corresponding to .64–.76 micron is of itself equally impotent as regards consciousness. Yet though each is separately nil, yet each is an essential element in the specific state of consciousness or psychical mode resultant upon the union of the two and represented currently by the denomination “red.”

Now all of our mental life is built up of combinations and permutations of just such so-called elementary psychological units and the more complex psychological concepts may finally be resolved into these components. The components into which our psychological concepts or ideas may

¹There is, of course, a concomitant functional component running parallel with the physiological disturbance due to the auditory excitation but it is not co-ordinated in any habitual associative bond such as determines an act of consciousness.

be thus resolved we recognize under the name of "associations."

What we call our associations then are precisely the conscious aspect of certain physiological stimulus-combinations and as it is ultimately of associations that the entire tissue of our mental life is composed, it follows that the mental life or consciousness is objectively physiological and that therefore in dealing with psychic manifestations we are dealing with broadly biological reactions. The psychic factor is then a physiological or biological factor.

However, as the physiological modifications representing the organic basis of our associations may be appreciated subjectively only, we are of course restricted to a psychological account of these biological reactions.¹ The sense then in which the word "associations" is here used having been defined; in other words, the essential physiological counterpart of these elementary units that enter into the structure of consciousness having received due acknowledgment, we are logically driven to a somewhat altered conception of certain fundamental phenomena of the psychic life envisaged by the study of psychopathology.

¹In thus pointing to the presence of a physical correlation to our mental reactions I must not be understood as advocating the abandonment of the psychological approach to the study of functional disease processes. Though we may know that there exists in every instance a physiological substrate in the reactions we call mental, it is yet a far cry to the discovery of what these specific physiological modifications *are* in a given instance; and even were we so sanguine as to entertain the hope that the precise physiological reaction underlying each idea would some day lend itself to definite objective formulation we should even then be no nearer an understanding of the mechanisms belonging to the mental life. For these are essentially experiential, psychological, subjective. They are facts of introspection and to understand them we must be *within* the situation. To take an analogy — all the study in the world of the science of phonetics would never enable us to derive a knowledge of *the meaning* of a word. The most complete and thorough acquaintance with the mechanism of articulation requisite to its production would bring us no whit nearer its psychological content. For the study of vocal sound in the production of words, or phonetics, is essentially physiological. The study of the derivation and meaning of words, or literature, is essentially psychological. So that the two disciplines — the one objective, external, mechanical; the other subjective, internal, affective — though concomitant, correlative and supplementary, one of the other, are forever opposite and uninterchangeable! So it is with the relationship between physiology and psychology. One is essentially, *without*, the other *within*. The one we observe, the other we experience. The one we look at, the other we are.

For a dynamic interpretation of the pathology of hysteria as interpreted by Freud, of so-called neurasthenia, of the anxiety states, of psychasthenia and of the neuroses generally, all of which disease processes represent but variations upon the central theme of repression, need not, when regarded from this broader biological basis, mystify or confound us. We are dealing in these conditions with mere displaced, substitutive associations, with associations which are internal rather than external, somatic rather than conceptual, organic rather than social. The pain in the shoulder may be as well the statement of the idea of a great burden as the verbal phrase a "too heavy yoke." Both are symbolic expressions of one and the same idea. Instead of being a conceptual association as given in the verbal symbol of social currency it is an affective, biological, organic association.

We see, then, that the physical manifestations of these disharmonies *are* mental, the mental *are* physical. So that in a psychophysical conception of the facts of mental pathology there is no longer place for argument as to the presence or priority of the *merely mental component*.

Indeed there is no longer any such thing as "mental" in the older, dualistic sense. Such conceptions belong to the dark ages and must be relegated to the limbo of the archaic along with other fossils of ancient superstition. Such conceptions are of one cloth with the anatomical myth which reposes the soul of man within the conch of the Sella Turcica — a mythical assumption which is, after all, a none too distant archetype to the anatomical superstition of to-day with its mystical replacement of the hollow of the sphenoid bone by the hypothesis of localization in the brain cells, so far as I can see, a purely external advantage of accommodation offered by the more commodious habitation of the latter. As if the mind were aught but the function of the body-complex as presented in the reaction of the individual as a whole! Surely it is time for the physician to recast his ideas in respect to the biological data of mind and to realize that mind is somatic, that ideas are not localized in this or in that circumscribed tissue-area but are the internal sensations concomitant to the general

visceral, muscular, glandular, neural and vascular modifications constituting the reactions of the unitary system of functions presented in the individual as a single biological unit.

It seems to me that in thus stripping psychological conceptions of their ancient, metaphysical trappings and so reducing them to genetic terms and in realizing that the psychic factor is a physical factor having its correlate in subjective experience, we are at last admitting psychology into its own and are yielding it its rightful place among the biological sciences.

FOURTH ANNUAL MEETING OF THE AMERICAN
PSYCHOPATHOLOGICAL ASSOCIATION,
WASHINGTON, D. C., MAY 8, 1913

MORNING SESSION

The President, Dr. James J. Putnam, in the chair.

Dr. Morton Prince, Boston, read a paper entitled "The Psychopathology of a Case of Phobia. A Clinical Study."¹

DISCUSSION

DR. ALFRED REGINALD ALLEN, Philadelphia: I would like to ask Dr. Prince whether, when his patient was writing in hypnosis, the writing was automatic. Did I understand you to say that she was at that time answering questions that you were asking?

DR. PRINCE: Yes: or rather she was narrating free association memories.

DR. ALLEN: Do you happen to have notes of those free associations during the writing period?

DR. PRINCE: I have not the notes here. Those memories were of early childhood. Some of them dealt with her life at Bar Harbor; with the little secrets of her child-life: how she felt badly about this or that. There was a large number of these memories, many of them unpleasant, and many of them clearly indicated the dominance of the instinct of self-abasement. There was nothing that I could connect in any way with her phobia. They were singularly free from sexual associations, though I finally tried to lead her along that line. Indeed, I sought to discover a mother complex or a father complex. She had read a great deal about these things and, free from any antipathy, she was anxious to find out if such complexes existed.

DR. SMITH ELY JELLIFFE, New York: I have enjoyed Dr. Prince's story very much, but I feel that he stopped just about where he should have begun and that a clue to the situation just began to reveal itself. With reference

¹Published in the last number of this JOURNAL, October-November, 1913.

to the inconsequential memories to which he did not pay any attention, why should he call them inconsequential? Are any mental processes inconsequential? Dr. Prince is willing to stop at a certain point. He becomes satisfied. The reasons he chooses to regard as final are just as unsatisfactory as the other reasons which he has rejected. At the age of eight, where he stops, the history which Dr. Prince himself has given shows that the patient had an already perfectly well-constructed defence for something that had preceded. It is already there. Why does Dr. Prince stop before he finds out what it was? Out of what elements was that reproach built? Stopping because he is satisfied with the facts he has — that is, he stops just when he gets in sight of the land of Canaan.

DR. ERNEST JONES, London: Practically all that Dr. Prince has brought out is quite in harmony with the psycho-analytic point of view. As we always find, the patient's first description of her symptoms was inaccurate and incomplete; the phobia seemed to her to be of steeples, while really it was rather of bells. This type of occurrence may be compared to the secondary elaboration of dreams, in which the memory of the dream gets distorted after waking, and it has the same meaning, a still further disguise of the underlying content. I have no doubt that the significance Dr. Prince attaches to the subconscious memories he discovered in relation to these phobias is entirely correct, but he seems to me to have stopped half-way in his investigation of them. If he had explored the unconscious proper, instead of limiting himself to the subconscious (Freud's preconscious), he would probably have come across a more complete explanation of the phobia. The case being so typical, it is not at all hard for us to venture on a suggestion of what this is likely to be. Dr. Prince has given us no adequate explanation why the perfectly trivial ground he mentions, one to be found in the life-history of nearly every child (disobedience to a parent), should in this particular one have led to such a morbidly excessive reaction. The patient felt herself responsible for the death of her mother, felt that this was her fault. I cannot agree with Dr. Prince that this was entirely due to an intellectual defect of reasoning on her part. To

my way of thinking such processes are much more affective in origin, and I would feel sure that we have here an example of displaced affect, that the trivial pretext related by the patient merely covered a more adequate ground for her belief. Affective processes are always more truthful than intellectual ones, and we should take here the patient's feelings of guilt and remorse empirically as representing the actual truth. The phobia covers a repressed wish of a common enough type, namely, a death-wish directed against the parent of the same sex. In the unconscious, far greater power is ascribed to wishes than we consciously know they possess, a fact illustrated extensively throughout the spheres of magic and superstition, so that when the wish becomes fulfilled through some external agency the unconscious believes it is the power of the wish itself that has brought about the fulfilment. In this sense the present patient was truly responsible for her mother's death, for it followed on her wish for it, and her lasting remorse was, therefore, perfectly justified psychologically, though not logically. We get, further, in her phobia a clue to the motive and meaning of the wish. The ringing of church bells signifies not only tolling for the dead, but much more obviously marriage peals; to every woman the ideas of "church" and "church bells" are inseparably connected with the idea of a wedding, this being the firmest possible association. If her mother died, if the bells tolled for her funeral, they might also ring for her wedding with the father, who then would belong entirely to her; her fear of bells thus neatly symbolizes both of these repressed, associated wishes, and the whole symptom becomes perfectly intelligible. As for her apparent fear of towers and steeples, one has only to recall what these have stood for ever since they were first "erected."

DR. PRINCE: Dr. Jelliffe finds fault with me for stopping too soon. But as a fact I did go into all those questions he raises. Now, as to that question of "stopping too soon." It is always a question as to where you are going to stop. It applies to the sexual interpretation as well as to any other approached by the psychoanalytic method. It is not a logical objection to the interpretation but to the method. According to my studies the explanation of

phobias is to be found in the "settings" which give meaning to ideas. In these settings — often subconscious — will be found emotional instincts striving to find expression and leading to conflicts. That is where I differ from, and very strongly differ from, the point of view of Dr. Jelliffe and his friends. I think his is a narrow point of view. The whole personality is not determined by the sexual instinct. There are other instincts which are just as strong and just as powerful, just as motivating as the sexual instinct, and if you eliminate them you eliminate a large part of human nature, a large number of innate dispositions that carry ideas to fulfilment. For instance, the pugnacity instinct with its emotion of anger is a tremendously strong instinct. Likewise fear, self-abasement, disgust, jealousy, are emotions belonging to instincts which have impulses just as strong as those of the sexual instinct, and if these are organized with ideas conserved in the unconscious they may also function and determine conscious thought and conduct as well as the sexual instinct. The instinct of self-subjection or self-abasement brought out by the study of this case is a very powerful instinct. In psychasthenics I think it is very commonly found as the dominating instinct which determines the insistence of ideas of inadequacy and subjection. Any experience of early life conserved in the unconscious and linked with these instincts or emotions may by the impulsive force of the latter be carried to fulfilment and lead to various manifestations. I say to Dr. Jelliffe, you don't go far enough. Why do you stop at the sexual instinct? Why don't you go on until you come to one or other of these instincts; why do you stop at the sexual instinct?

DR. JELLIFFE: I don't stop anywhere.

DR. PRINCE: But you do — that is just what you do. I, on the contrary, tried to bring out evidences of a sexual conflict. I was persuaded at first that it was just this line that I should pursue. My first hypothesis was that I should find some conflict of that kind, and indeed I so tried to develop this case. But I found it an impossibility. On the other hand I did find an explanation, satisfactory to my mind, in this other instinct, of self-abasement. This is a

very powerful instinct and one which I believe can express itself as well as the other.

Now as to the question of hypnosis which Dr. Jones says is all wrong: I maintain that when a person is in a state of abstraction it is hypnosis. When you eliminate awareness of the environment and have simply a condition of abstraction and a cessation of reflection with a contraction of the field of consciousness, it is in principle hypnosis. You cannot distinguish between the two. Every Freudian uses hypnosis, though he doesn't know it, but calls it abstraction.

Let me say further that there is very great danger of falling into fallacies when you undertake to explain this case by some other case in which you found sexual conflicts, of reading into this case the facts of that other. This is a general criticism which I have to make of your habit of drawing symbolisms from the facts of one case and applying those symbols without critical judgment to the facts of another case. I would like to ask also, if I stopped too soon, why did the patient suddenly get over her phobia? If I stopped too soon this phobia ought to have gone on —

DR. JELLIFFE: God took care of it.

DR. PRINCE: I will tell you the reason why she ceased to fear: I changed the settings which gave meaning to her conserved and harmful idea, and thus changed her point of view. Human personality embraces with other factors all the experiences of life that have been conserved in the unconscious and a large number of emotional and other innate dispositions which may be classified as instincts. These instincts include fear, anger, disgust, etc., self-abasement, etc., and many compounds of these, as well as the sexual instinct. Now any conserved experience that has been organized with one or more of these innate dispositions may, under certain conditions, impelled by the impulsive force of the latter, function subconsciously. As one of the instincts the sexual may of course equally well so become organized and function. There may be conflicts between the impulsive forces of the different emotional dispositions and these conflicts may be conscious or subconscious. This can be shown experimentally. The manifestations of the conflicts are multiform. But when

we are dealing with a given case the question is, what is the causal factor in this particular case. This causal factor has got to be determined in every case for itself.

The President, Dr. James J. Putnam, Boston, delivered an address.¹

Dr. G. Stanley Hall, Worcester, Mass., read a paper entitled, "Sex-Symbolism in the Psychology of Freud."²

Dr. F. Lyman Wells, Waverley, Mass., read a paper entitled, "Formulation in Psychoanalysis."³

DISCUSSION

DR. SMITH ELY JELLIFFE, New York: I will start the ball rolling by a very slight push. I am certain that most of us feel as I do that Dr. Hall has given us a magnificent address. Nearly everything that he has brought to our attention has been a matter of very active and urging thought within ourselves. The same problems that he has asked us to consider have been consciously and unconsciously under consideration by everybody who is actively doing psychoanalytic work. The opportunities for straightening out these very self-same questions he has raised have been the familiar experience of all those who are trying to work with the methods, and I feel that his attitude is one most helpful and at the same time most leading. At the same time were I to initiate a discussion, I would feel that in the actual endeavor to understand the specific patient the difficulties to which Dr. Hall alludes more or less roll away; that whereas he has brought forward highly important theoretical difficulties which, formulated as problems in logical reasoning, are valid criticism, yet from the standpoint of actual clinical experience in following the patient from point to point, obtaining from him information of his past experiences, always mindful of the subtle suggestion in the mere questions, the criticisms seem academic and not founded in reality. The criticisms contain more hypotheses than the empirically reconstructed interpretations.

¹Published in the August-September, 1913, number of this JOURNAL.

²Reserved for publication.

³Published in the last number of this JOURNAL, October-November, 1913.

Although many of the difficulties touched upon by Dr. Hall are unresolvable, from my own attitude and my own studies I am not in a position to reject them or over-criticize them, but retain the attitude of things to be understood. In reference to Dr. Wells' I feel that we are in great need of a more careful formulation. I cannot help but feel, however, that the need for formulation exists outside of the psychoanalytic circle rather than within it. The psychoanalytic circle is most keen in its formulations, but the outside critic does not seem to care a rap about even the foundations of his criticisms, for the vast mass of criticism is directed to straw men creations, purely hypothetical phantasy products of the critic's own mind. This is largely due to colossal ignorance of what is going on and is not a special feature of psychoanalytic criticism but of the critical attitude in general towards all moving science. If Dr. Wells will bring the point that psychoanalysts should be careful about their formulæ, I follow him gladly, and add that a like obligation rests upon any who are antagonistic to the hypotheses of science in general.

DR. ERNEST JONES, London: I quite echo what Dr. Jelliffe has just said in regard to Dr. Hall's paper being a stimulating and much needed type of criticism. I think we all feel there has been a certain outgrowth in the psychoanalytic school that needs to be checked, and certainly to be jealously scrutinized. I should be quite willing to enter on a criticism of many publications purporting to be psychoanalytic in nature, and I consider that papers such as that of Dr. Hall are very needful. Curiously, however, the examples I should mainly have chosen do not happen to coincide with those which Dr. Hall has, and I will take one or two of those he has mentioned in which I do not quite see eye to eye with him. (1) Concerning Silberer's article on spermatozoa-dreams, I think there is a much simpler explanation of the source of the symbolism here than the speculation invoked by Dr. Hall as to the unconscious mystically foretelling recent scientific discoveries. I have analyzed this type of dream in those who were acquainted with physiological facts, and also in those who were not, and have found the same symbolism, differing but little

in detail, in the two cases. The explanation of this is not very difficult: From all time the idea of semen has been conceived of, not only as a fluid, but also as a conglomeration of particles, the obvious analogy of seed (the same word actually being used for the two) being one of the main reasons. (2) In regard to Dr. Hall's criticism of my own work on salt-symbolism I fully agree with what he has said about the enormous physiological importance of the substance itself, and in fact I pointed out that this was a main reason why the idea of salt lends itself so readily for the purposes of symbolism, why it has been called the quintessence of life, the emblem of wisdom, the symbol of immortality and of the soul, the guardian against decay, and so on. But that the two ideas of salt and semen have in all ages been intimately associated is to my mind incontrovertibly demonstrated by the actual facts I have brought forward in my monograph on the subject. (3) I was surprised to find Dr. Hall treating the *Œdipus* myth as though it represented a literal event, instead of a production of the imagination. Of course if it had literally happened in the form of the story, Dr. Hall would be right in saying that *Œdipus* could never have developed love for his unknown mother, and would not later have shown the same intensity of remorse, but it would have been too open, too gross, too intolerable, and in no sense a work of art, if the child had been described as growing up in his mother's arms, loving her, and later marrying her. Just as every author in writing a creative novel disguises his personal experiences and emotions, wraps them up, and alters them, so here the underlying complex had to be disguised in the presentation, with the result that an evil wish can be fulfilled in some one who remains a hero, and, being regarded as an innocent victim of fate, can claim our fullest sympathy; but that it was a guilty wish is plainly indicated in the drama itself, by the intensity of the misplaced remorse.

In regard to Dr. Wells' paper I think it is a happy idea to raise the important question of accurate terminology, and I agree with him that this could fruitfully be accomplished by conjunction between psychoanalysts and other members of this association; it might well be made one of

our definite aims. (1) Dr. Wells objects to the psycho-analytic use of the word "wish," because it usually denotes in ordinary speech a mental process that is on a high level, a conscious desire, and for that reason he would replace it by the word "trend" when we are referring to unconscious processes. The two words are clearly not identical, wish implying more than wish, and we use the latter just because we desire to introduce the connotation that it has, and which trend has not, *e. g.*, mental presentation of the aim. Dr. Wells' objection seems to date from the period when psychologists refused to admit the existence of the unconscious part of the mind, for he says that to speak of an unconscious wish is a paradox. We maintain, on the contrary, that in the unconscious the most intelligent processes possible may occur, and if this is true his objection is clearly not valid; at all events the word wish denotes exactly what we desire to indicate, and that is why we employ it. (2) Dr. Wells reminds us that the word "symbolism" is often used in several senses, two widely different ones being that in which the association has been formed through mere contiguity of the ideas, or even through a pure convention, and that where it represents an inherent relationship. I think it desirable in the interests of clarity to restrict the use of the word to the latter sense, but this is only a question of words, the essential point being to distinguish the different processes. (3) I wish to contradict what is very often said, that Freud unjustifiably extends the use of the word "sexual." Freud's conception of sexuality represents a change in thought, not a misuse of language; when, for instance, he says that he considers certain processes in childhood life to be sexual, he means just what he says, and wishes to convey a plain statement to the reader. As a matter of fact, if one tries to define accurately the word sexual, one soon sees that it is a very difficult task, as is often the case with common words that don't need defining. I do not find Dr. Wells' definitions very helpful. He says he would call a process sexual when it produces a reaction of a sexual character, which is obviously a vicious circle. Then he would use it only when there is an object in the case, and only when this object is a living one, although he must know

that many people experience sexual feelings only in the presence of dead objects, as in necrophilia, many varieties of fetichism, etc. Apart from these, what about the commonest sexual act, masturbation, where there is no object at all?

DR. WELLS: I should certainly not call this sexual if it was symbolic.

DR. JONES: But mostly it is not symbolic, but is a direct, simple act, complete in itself. Dr. Wells objects further to the term erogenous zone, and says that a zone should not be called erogenous merely because it may become so later in life. But this is not the reason why we call certain zones erogenous; we call the labial zone erogenous, for instance, not because the person may learn to kiss at some late age, but for reasons connected with the earliest years of life. He also denies that all pleasurable feelings should be called sexual, and here I do not think he will find any one to disagree with him. Certainly Freud, in his article on the two mental principles, categorically denied that the pleasure-principle and sex were inherently connected, although he gave reasons to show how in the course of development the two usually become associated.

DR. TRIGANT BURROW, Baltimore: It seems to me that this concrete incident occurring in an actual analysis is a fairly satisfactory answer to the objection of the last speaker (Dr. Wells), that the psychoanalyst inclines to presume upon the evidence at hand — that he too zealously reads into the material submitted by the patient a sexual meaning, when this connotation is altogether gratuitous and unwarranted. Take this characteristic example: A patient dreams that she is playing tennis with the physician. Straightway there arises in the mind of the physician the suspicion that playing tennis (that is, playing a game with the physician with a racquet and two balls), is a veiled, symbolic expression of an underlying sexual wish, and that the racquet and ball are but the manifest content corresponding to which is the concealed dream-thought of the penis and testicles. This assumption it will be thought is entirely unsupported by the evidence and seems to offer a typical incidence of the psychoanalytic tendency toward utterly

rash presupposition. This is what persons unfamiliar with the technique of psychoanalysis are disposed to call "far-fetched." But let us see. The physician made no comment whatever and the patient proceeded. "Oddly enough," she says, "the tennis racquet instead of being the usual shape looked like a baseball bat." The psychoanalyst, it will be confessed, here begins to feel reassurance. And here again the incredulous would say that all sexual inferences are ungrounded. Still, however, the physician says nothing. The patient continues, but with characteristic embarrassment. "Later," she says, "my partner in the game (the physician) laid his bare chest against mine and I felt something at my genitals. I put my hand there to discover what it was and to my surprise it was the baseball bat." The premature inference after all appears to have its justification. Now this sort of sequence in a patient's dreams is perfectly characteristic.

The psychoanalyst need not jump at conclusions, they are thrust upon him if he will but remain silent and observe. It is thus evident that what at first sight appears "far-fetched" is a not too remote association for the subtle purpose of unconscious symbolization. It is not always possible for the psychoanalyst to carry his readers through the long series of associations which bring his conclusions within the scope of scientific probability. And so it is quite unfair for those who are unfamiliar with the practical technique of psychoanalysis — for those who do not follow its procedure step by step — to infer that the psychoanalyst is lacking in proof, or that he lacks a sense of the criteria constituting valid evidence.

DR. A. A. BRILL, New York City: The matter has been so well covered by Dr. Jones that I will confine myself to a few general remarks. It always struck me that most of the unfavorable criticisms are usually made by persons who have had not very much or no practical experience in psychoanalysis. I had been no less a critic, although it may not be thought so, than a great many of our present critics, when I first heard of all these theories and assertions, but I have now been practising for years at the rate of about twelve hours a day, and I have come to the conclusion that

there is nothing strange even about the wildest symbolism. We say that they exist because the patients repeatedly give them. We hear them from patients born and bred east, west, north, south; and for that reason we say they exist. The particular trend brought out by Dr. Hall I found in a great many patients. I have in mind a patient, a young man who was seen by Dr. Putnam, who is now studying to be a mechanical engineer. From the very beginning of his childhood this young boy at the age of four was in the habit of putting pieces of wire, glass that he ground down, and pencils, in his sister's vagina. He was always contriving new methods, and in this way he evolved a sort of mania for mechanics, and as he grew older invented many useful things. At present he is highly regarded by his teachers, and shows marked inventive ability. The origin of this morbid habit was sexual curiosity. I know a patient who sells cameras, whose profession is nothing but a compromise of his former sexual curiosity. As a little boy he used his father's field-glass to see naked women, and he always took a delight in seeing pictures of nude women. His whole history shows a very marked sexual curiosity amounting almost to a peeping mania. The patient recognizes that this was the reason for taking this particular form of profession. Symbolisms in general are always found but are usually individual. Thus a patient may tell me a certain thing, and I may think that this may be a symbol for the penis, but I always let the patient associate until he himself explains it without being influenced by me, and he may or may not come to the same conclusion as I. Usually the patients tell me about sexual symbols that could never have occurred to me. There is nothing in this world that some patients will not use as a sexual symbol. No psychanalyst need put ideas into the patient's head. Any unprejudiced observer can find the wildest symbolisms from the most conventional patients. At first sight it may seem that some psychanalysts are using wild symbols, but it is my opinion that if the critics could hear how those symbols were found, that the patients themselves have elaborated all these productions, there would be no cause for complaint.

DR. MORTON PRINCE, Boston: I find myself in sympathy with Dr. Hall's point of view. This means that I am not antipathetic to the Freudian conceptions. I am antipathetic to those who refuse to give them a hearing without investigation. It is simply a question of evidence and interpretation. I am embarrassed sometimes when I am asked "Do you believe in the Freudian theory?" The question is what Freudian theory? There are many theories and there are theories built upon theories. There is much in the Freudian psychology which is well established — much that long previously had been accepted as established, though differently formulated, and perhaps not so well as has been done by Freud, and much, such as the *principle* of symbolism, which we owe to Freud and which we must accept. On the other hand there is much that is questionable, that is mere hypothesis and open to other interpretations. The essential question for us in this discussion is whether, in constructing wide generalizations and insisting upon an almost universality of application of particular mechanisms, and of the sexual instinct as the psychogenetic factor in practically all psycho-neurotic phenomena, it is not going too far. Thus to insist upon the sexual instinct, on the one hand, as the one vital energy, and on the other as the universal causal factor in the psycho-neuroses and the underlying motive in such a large number of the phenomena of normal life, is to disregard a large number of related facts of observation which will not bear this interpretation.

So in regard to symbolism, which Dr. Hall has so ably discussed. I believe in the *principle* of symbolism not only on analytic grounds, but because on the basis of some humble experiments and observations of my own, I believe symbolisms can be proved *in principle* to be true. By the experimental method we can arrange beforehand the causal factor of any given phenomenon which we wish to study. Then the only unknown factor to be inferred is the subconscious link between the two. The causal factor does not have to be inferred, as by analysis, from the phenomenon. For example, we suggest in hypnosis (followed by amnesia) that the subject shall have a dream which will be the solution

of a given problem or the fulfilment of a given wish. The dream then follows. Knowing the causal factor it may be easy to recognize that the resulting phenomenon is a symbol of the solution or fulfilment of the suggested mental experience and no other. If, then, the principle be accepted as a psychological phenomenon, or process, the only question is the applicability of the principle to specific cases. Are there fixed symbols that can be determined, and whenever certain ideas appear, let us say, in the dream consciousness, are these always to be regarded as fixed symbols of sexual ideas? Or if they can be so interpreted is such interpretation to be maintained regardless of the fact that the conscious process may be as readily explained, without invoking symbolism, by other determining factors of human personality — by antecedent motivating sentiments conserved in the unconscious? To my mind the use of symbolism has been carried to an inordinate extent until even it has become a burlesque of inductive reasoning. In the use of sexual symbolisms my Freudian friends seem to me to have put on smoked glasses, to use Dr. Hall's expression, and blinded themselves to a large number of affective factors, which as motivating forces determine human behavior. They have become blind to the emotional instincts other than sexual, and seem never to have heard of them. The motives of life are multiform, and systematic observations on the part of many competent observers justify the interpretation that various motives deposited by the experiences of life may become active subconscious or co-conscious processes and determine behavior.

I should like to have the opportunity to read Dr. Wells' paper before discussing it. There is much in it with which I agree. I think I may say that in the main I am heartily in accord with him. His criticism of the "looseness of formulation," so observable in the psychoanalytic school, is well founded. This looseness of thought has indubitably repelled many who otherwise would have given the theories a hearing. Thus, as a minor example, I have never seen any attempt to define a "wish" in strict psychological terms, and to analyze it into its component factors; and yet it is given a predominant rôle to play. And so on with numerous

formulæ, the most conspicuous being those of the meaning of the sexual and of the unconscious.

DR. F. LYMAN WELLS, Waverley, Mass.: The discussion has been very helpful in clarifying the issues we have attempted to raise, but to settle them on a common ground would require a good many questions back and forth. I will confine myself to symbolism. The enthusiast says the patient gives us these things because he finally makes an association to it. It is valuable to know that the particular thing comes up in connection with it, but does this necessarily show that it was a symbol of it? Does it show, because this experience was present in his memory and he had this dream, that his experience was productive of this dream, because later on he associates it with that dream? It always seemed to me we used symbolism a little improperly there. Although willing to accept the fact that the dream was valuable in leading to subconscious trends we should not say that the dream was thus symbolized for that reason.

Dr. Ernest Jones, London, read a paper entitled, "The Case of Louis Bonaparte, King of Holland."¹

DISCUSSION

DR. A. A. BRILL, New York: I was interested in Dr. Jones' way of locating some of these false ideas in the pre-conscious. I have seen a number of patients of the compulsive, neurotic type, who have had delusions of jealousy which were a defence against homosexuality, and which have persisted even after the patients have lost their obsessions. I have always wondered whether they were delusions, and I could not classify them. I was, therefore, pleased to hear Dr. Jones treat them in that way. I have also found that in some cases the ideas disappeared as soon as the patient joined a club and became a mixer.

DR. STANLEY HALL, Worcester, Mass.: Was the evidence clear that Louis Napoleon had homosexual impulses and indulged them?

DR. JONES: Not the slightest evidence of his having indulged them, and I never hinted this in my paper. The

¹See this number of the JOURNAL, p. 289.

evidence that he had such impulses, probably quite unknown to himself, is the fact of his delusions of jealousy and of persecution, the significance of which is definitely established through psychopathological researches, his behavior toward his wife and other women, and his attitude toward men, particularly toward Napoleon.

DR. HALL: How far may homosexuality be assumed to exist when there is never any direct manifestation of it?

DR. JONES: We know that the normal sexual impulse may exist without its ever leading to sexual intercourse, and I regard the homosexuality in this case in the same way. As regards the pathology of the case I would urge this point, that where one meets with semi-delusions of the paranoid type, even if they are being held in check, one should be very cautious in giving a prognosis; in my experience I find that when subjected to special strain such persons may develop a definite paraphrenia.

Dr. Smith Ely Jelliffe, New York, read a paper entitled, "Some Notes on Transference."¹

DISCUSSION

DR. A. A. BRILL, New York: I was very much pleased and impressed with Dr. Jelliffe's paper, and I fully agree with his views. What impressed me most on hearing Dr. Jelliffe's paper is his attitude to psychoanalysis, which is quite different from what it was three or four years ago. The earnestness and conviction evinced in his paper can only be acquired through personal experience with the subject.

DR. MORTON PRINCE, Boston: I have only to say that if the phenomenon of "transference" plays the part in producing the psycho-therapeutic cure that Dr. Jelliffe so confidently asserts, then it follows that all the mechanisms I have made use of are delusions, products of the imagination. If Dr. Jelliffe is right all my conceptions of the mechanisms of the psychoses and my psycho-therapeutic methods are dead wrong. Yet I think I may also say that my patients have gotten well. That is all I have to say.

¹ See this number of the JOURNAL, p. 302.

DR. JAMES J. PUTNAM, Boston: In reference to medical care I would like to say a word. Freud has called attention to that more than once, that the psychoanalyst should not undertake to be the ordinary medical advisor of the patient, and should not make physical examinations so far as it could be avoided. The question has come up to my mind very often in regard to myself, whether I was doing enough to look after the patient's health, not in any way recommending rest cures and one measure or another which, perhaps, might be useful, but I have rather come to the conclusion, partly in consequence of what I understand is the observation of Freud and his colleagues, that it is certainly unwise that the psychoanalyst should give advice in such matters, and rather better that he should sacrifice what benefit might come from them and keep himself free to keep in such touch as he thought best with the patient's mental operations when the physical condition permitted.

DR. SMITH ELY JELLIFFE, New York: I think Dr. Putnam would answer his own question if he defines what ails his patient. Is it a physical or mental situation? If mental he needs psychoanalysis, and it alone. If physical; if he is going to split his treatment into two parts and believes his patient consists of two parts, that he has two diseases, then the subject comes up for discussion. But if it is clear in his own mind just exactly what is the matter with his patient the course is fairly obvious. At the same time the difficulties he speaks of are some of my own difficulties, and I am not prepared to give a categorical answer at this time. I am pleased that Dr. Jones spoke of the first meeting. I should have liked to lay stress on the subject of transference. I feel that it would be presumptuous on my part to attempt to cover the whole situation. We know it is a very common form of speech among people that the first impressions are the truest impressions. The first impressions in psychoanalysis are of extreme value and of a great deal of service. Sometimes they stamp from the very beginning the man's inapplicability or unadaptability to handle a certain type of case. Negative transference is a very important situation. Dr. Hall spoke of it this morning at great length, phrasing it differently. He spoke of suggestions

constantly passing from physician to patient. If the technique of psychoanalysis is correct, however, it is not suggestion. If the technique is incorrect it may be. In other words psychoanalysis affords a fairly positive definite criterion so that the developmental history of transference may be fairly accurately gauged. The patient unwittingly will tell, in the dream, what she thinks of the analyst from day to day. With most frank *naïveté* one hears just where she stands and where you stand in the situation. So as to Dr. Prince's remark about being dangerous, of course it is dangerous to the patient, but only if one does not know what is going on. Hence the great danger in other methods and the escape from this danger by psychoanalysis. The appreciation of the transference tells one what is going on beneath the surface, and therefore the analyst knows what to avoid or what not to avoid. Otherwise one is utilizing transference in a blundering manner. There is a charming scene in the play, "The Poor Little Rich Girl," where the doctor is taking the temperature, and which is interpreted as to whether the little patient is growing or not. This psychoanalytic transference is a delicate thermometer, and each day one can take it out and see just what the actual situation is. I think that every woman theoretically recognizes this to be true in dealing with her doctor. The psychoneurotic has a great amplitude of vibration, ambivalence is marked. Their antipathies and loves are much more excessive than in the so-called normal people. So it becomes extremely important that we should have some fairly definite way of measuring this element of transference, the value of which appears in the dream. Dr. Prince says that if he and I could start with the same premises we could agree. I think we do start with the same premises. We agree in the belief that there are such phenomena as transferences. He calls them rapport, perhaps. We commence to split when we attempt to gain an insight into the significance which psychoanalysis attributes to the transference. He is satisfied to call it rapport and trusts to his natural gifts, or *savoir faire*, to get it,—psychoanalysis recognizes it as something tangible and objective—and his technique enables him to keep track of his relationship to the patient's neurosis. It

tells him whether the patient is using the transference to retain the neurosis or to rid himself of it.

DR. WHITE: A transfer may take place to any physician who treats the patient. It is always very undesirable to have a patient split, as it were, between two physicians. If there is possibly a physical ailment, the patient may establish a transfer upon the physician who makes the physical examination, and make it very difficult for the analyst. It is desirable, unless the condition is urgent, to wait until a transfer has been effected before sending a patient to another physician. I had one patient who had established a good transfer and went to another physician. There was no trouble. I saw another patient who had established a certain amount of transfer with a previous physician, and I had to talk to that patient forty hours before I could withdraw her transfer from that physician and effect one with myself.

DR. ERNEST JONES, London: I wish to add my congratulations to Dr. Jelliffe on his excellent paper, with which I cordially agree. Like him I do not think too much stress can be laid on the following points in regard to the difficult problem of transference: (1) The importance of being keenly alive to it from the very first meeting with the patient. If the transferences are allowed to develop for some time, even a week or two, without being carefully watched, they will prove much more difficult to deal with than they would have been in their incipient stages, and many failures in psychoanalysis are due to the non-avoidance of this rule. (2) The value of a daily analysis of the transferences. This is the only way in which one can know accurately what stage they are in, and what is going on in the patient's mind. Another reason is that the living over again of old affective experiences and attitudes via transference is much more efficacious therapeutically than the mere reviving of them. Success in psychoanalytic treatment depends more on the management of the transferences than on any other one factor. (3) The importance of daily analyzing the counter-transferences (*Gegenübertragung*) which constantly go on. Unless the analyst is alive to the mental processes, affection, dislike, resistance,

repugnance, and so on, that he transfers to his various patients, he will be blind to many of the events proceeding in their minds, and will be much less able to deal with their transferences. This is one reason more why an analyst should himself be analyzed.

With regard to the treatment of physical symptoms Freud's practice is as follows: If they arise from the neurosis he will treat them himself by the appropriate measures, whether mental or physical, unless they are such as to confine the patient to bed and make the analysis impossible. If they are due to inter-current physical disease he at once calls in another physician to treat them, and if a long course of treatment is necessary he will suspend the analysis rather than let the two lines of treatment be carried on simultaneously.

DR. SMITH ELY JELLIFFE, New York: Of course Dr. Hall really puts his finger upon the whole situation when he asks, where do you lead your patient after you build your bridge? If I might indulge in a little flight into phantasy I would say that the patient's immorality concept has to be handled in one of two ways. Either the immorality is passed along concretely through love by ordinary channels of cultural morality, or the energy must flow through psychical avenues and spiritual children must be born. The task, therefore, is to find the type of spiritual child which will be of value in the world in which the patient lives. Here philanthropy and science offer large opportunities.

Coming back to the situation of the two physicians there is one thing that, it strikes me, has not been touched upon, and which is of paramount importance. In Dr. Emerson's case the situation may arise that the surgeon is utilized by the patient's neurosis, solely for the purpose of continuing the phantasy. Were I in a body of gynecologists I would hesitate to say what the percentage of patients is in whom sexual phantasies are kept alive by manipulations. Psychoanalysis has been termed sexual sniffing by some who refuse to recognize the sources of their own phantasies, but much gynecology is something worse than sexual sniffing, even if done with the best intentions on the

part of the surgeon. Many, many are the cases that I have seen that want to continue to go to the gynecologist for local treatment in order to continue infantile sexual phantasies. Therefore they must be rooted away from the gynecologist, and that is a very difficult thing to do, especially if there is a strong transference upon him.

DR. JAMES J. PUTNAM, Boston: Dante's "Divine Comedy" gives an illustration of psychoanalytic processes. Dante goes down into his own repressed emotional life in going into the Inferno, and this he does under the guidance of Virgil, the rational physician, or psychoanalyst [or personal conscience], who also accompanies him through Purgatory. When he has got all that he can from Reason and Self-study, he is allowed to wash away in Lethe the memory of his past. That is to say, he passes out from the dominion of his infantile life and can afford to forget it, and then he comes under the ministrations of Beatrice, who is regarded there purely in the spiritual sense. At any rate he goes on. It seems to me that the different stages of a man's progress are very well represented in that poem.

Dr. A. A. Brill, New York, read a paper entitled, "Psychoanalytic Fragments from a Day's Work."¹

DISCUSSION

DR. SMITH ELY JELLIFFE, New York: I think these fragments are always of a great deal of interest. It becomes impossible to present an analysis of any single patient before this Society. It is well known that days, weeks or months are required for the study. One may get an idea of the extreme diversity of the day's work, and more or less the mode of handling it by one who has had so much experience, and it is to me, at least, a refreshing experience.

(To be continued.)

¹See this number of the JOURNAL, p. 310.

REVIEWS

INSTINCT AND EXPERIENCE. *C. Lloyd Morgan*. New York, The Macmillan Company, 1912. Pp. xvii, 299.

This new work by Mr. Morgan is the outgrowth of a symposium on "Instinct and Intelligence" which was held in London during the summer of 1910. "Being under promise to write a short work on some aspect of genetic psychology," says the author, "I thought I might do some service by expanding my own contribution to the symposium, by bringing it into relation with the views expressed by other contributors, by following up the subject in further detail, and especially by giving something like definite form to the doctrine of experience, which has, of late years, been taking shape in my mind * * *"

In this expansion of a previous contribution no new facts of importance in regard to instinct are reported, if indeed any should be expected from such a preface. The diving moorhen and the pecking chick are again encountered as familiar figures. On the whole, the author's study is theoretical and speculative. Some years ago in "Animal Behavior," Mr. Morgan ventured a definition of instinct. That definition is now reaffirmed and certain implications physiological, psychological, and philosophical are set forth. The discussion thus naturally involves the relation of instinct to experience (consciousness, psychic phenomena), including the aspect of genetic psychology referred to above, the genesis of experience.

The term instinctive is restricted "*in its biological acceptance* to congenital modes of behavior dependent upon inherited dispositions *within the lower brain-centres*." "In a decerebrate animal," writes Mr. Morgan, "an instinctive train of activities might, and I conceive would, run its course wholly in virtue of the inherited organization of the lower centres." Studies of decerebrate animals are cited and discussed. Pure instinct is thus considered a case of congenitally determined automatism, complex reflex action.

Psychological data, however, are not ignored. Such data "are initially called into being by a complex sequence of stimuli due to the development of an instinctive situation." Such data also have their distinctive physiological substrate. "Experience is correlated with the functional activity of the cortex." Intelligent action first appears when the revival of past experience in the form of pre-perception becomes a condition of the modifica-

tion of some instinctive act. Though instinct and intelligence, apart from the very beginning of the theoretical first instinctive action, may not appear separately, yet are they always distinct.

Next in interest to Mr. Morgan's lucid presentation of his own conception of instinct and its relation to experience comes his criticism of the views of others, notably Mr. McDougall. Whereas Mr. Morgan describes instinct in physiological and mechanistic terms, Mr. McDougall's notion may be characterized as psychological and animistic. McDougall believes that the most purely instinctive actions are the outcome of distinctively mental processes, involving cognition, affective tone, and conation; Morgan believes that "they are the outcome of distinctively biological processes, though they also afford primary data in experience." Furthermore, for Mr. McDougall these mental processes are not fully explained without the guiding agency of the soul. The introduction of such an agency seems to Mr. Morgan highly unscientific. Experience, he says, has ever two aspects, the *experienced* and the *experiencing*. The latter aspect has been hypostatized by Mr. Dougall, so he contends. Experiencing is a natural process; as well evoke an entity to explain gravitation, crystallization. Although Mr. Morgan personally believes in "Source," he believes also that the appeal to "Source" has no place in scientific explanation.

The importance of this criticism of McDougall is wide-reaching. He, in common with Bergson, Driesch and others, stands for vitalism, that sort of vitalism which is not content to seek an explanation of life processes and psychic processes as natural modes of activity, identical with or as natural as mechanism, but invokes extra-mundane agency to fill the gaps where problems still remain unsolved. Mr. Morgan's purpose to discard such procedure in science will meet with much hearty approval. He is indeed tolerant to condone its use even in philosophy. To the reviewer it does not seem that the conception of source introduced by Mr. McDougall is necessarily involved in the psychological view of the nature of instinct. This additional factor might enter (1) if it is a verifiable existent, or (2) if it is a logical necessity. Neither of these conditions has been satisfied by the friends of trans-experiential entities.

The two views above seem at best to be partial. Why not look upon instinct as a psycho-physical process, broadly enough to see that there are at least three important points of view from which to regard it: (1) the anatomical, (2) the physiological, and (3) the psychological? To abstract any one of these aspects and make it do duty for the whole will surely not lead to the best results.

Our knowledge of instinct will not be satisfactory until we understand the organic structure that operates, the mode of this operation, and the concomitant psychic phenomena. As to the priority of the biological over the psychological, or *vice versa*, no one can yet for a certainty say. While we tarry for new facts, instinct will be subject at this point to the various interpretations of rival philosophic creeds.

Even though instinctive function, physiologically considered, were limited to sub-cortical action, which has been by no means established, there still does not seem to be any valid reason for denying Mr. McDougall's contention that instincts on their psychic side are cognitive, affective, and conative (at least impulsive), and are the "prime movers" in human experience, that is, original and fundamental activity experiences.

The reviewer does not claim to have exhausted the good things in this valuable contribution by Mr. Morgan. The book should be read by every student of instinctive behavior.

FREDERICK S. BREED.

The University of Michigan.

MOTO-SENSORY DEVELOPMENT, OBSERVATIONS ON THE FIRST THREE YEARS OF A CHILD. *George V. N. Dearborn, Professor of Physiology in Tufts College Medical School, Boston. Warwick and York, Baltimore.*

This valuable little volume contains the author's careful and professional observations of a child's life for three years especially with a view to moto-sensory development, and is among the most complete, possibly the most useful, of a number of such volumes which have been published in the last few years. Both on the technical and the popular side it adds a vast deal of information, and is even more than valuable in the suggestiveness and lines for further observation and study which it indicates. Those who are interested in child development, especially as the study of little children affords the material for sound inductions as to the education of little children, will find much in this book which they need to know. The lay reader will find it hardly less interesting than the technically trained physiologist, though both will find it very suggestive and full of interest.

It is not possible within the limits of this notice to enter into the detailed record of these years, especially as Dr. Dearborn has added to the volume a chapter on "inductions," which is exceedingly interesting and suggestive, and a "Chronologic Epitome of

Observed Development" and an "Alphabetical Arrangement of First Appearances" which make it possible instantly to use the book for purposes of comparison, as well as a general index.

Among the most suggestive of the inductions is that in which Dr. Dearborn says: "The subconsciousness of children is a neglected field of genetic psychology. There must be continually a host of subliminal impressions, actuating and inhibitory, ceaselessly impinging on the extremely sensitive and plastic neuro-mechanism of the infant. This 'impulse to activity,' with its generally pleasant tone, is subconscious, and so is later on, more and more, the totality of sensory and motor experiences fused into psychomotor memory of the mechanism of efficiency."

In this Dr. Dearborn unquestionably states the fact as it is, and one that must be of very great importance when fully developed for the purposes of the more effective and intensive education of children, now, without question, the least efficient field of education, especially as regards very small children. The more thoroughly we can investigate this area of the subconsciousness of children, even though we must necessarily blunder a great deal in its discovery, the more surely we shall arrive at results which must have great educational worth.

Similarly suggestive is Dr. Dearborn's statement that "Imitation is the method-basis of the greater part of advancement in voluntary development, imitation of one's self and others. It consists of habit, more or less varied by will or by chance, plus direct reflex or voluntary imitation." This, likewise, is of great practical importance and worthy of fuller investigation, especially as tending to develop the facts by which will development and strength may be most effectively produced.

Dr. Dearborn thinks that "the inherited outfit of the child may not unreasonably be deemed to involve processes that are usually classed as distinctively 'mental,'" a most important observation, if true, and calling for the revision of many widely held views of the present time. He adds also "the separation of a human being's activities into psychologic and physiologic is often more or less arbitrary and frequently an impediment to the real progress of knowledge." Here it seems to us he is unquestionably on sound ground, and the point needs to be emphasized.

There are many other "inductions" which, the author is careful to state, have only to do with the observations of the particular child which he studied, but in every case something worthy of reflection and investigation is offered, and the readiness with which the facts upon which the induction is based, and the in-

ference therefrom, can be compared makes this an extremely useful book to have at hand for this kind of study and discussion.

There are, of course, wide discrepancies between the observations of Dr. Dearborn and those who have made similar observations (the writer has himself observed four, in a more or less similar manner, though with much less technical knowledge), but on the whole there is a remarkable correspondence between what our author found and what the careful and more or less trained observer finds in such study. Dr. Dearborn's volume is one of those which must be kept in mind by all who wish to do anything in this field, and is so clear, so precise in its indication of the view of the author of the particular phenomena which he had to interpret, and withal, so satisfying in the conclusions at which he has arrived, as to make it a notable contribution to the science.

A. A. BERLE.

Tufts College.

THE DELAYED REACTION IN ANIMALS AND CHILDREN.
Walter S. Hunter. Behavior Monographs. Volume 2, Number 1. Pp. v + 86.

"The experiments in this monograph aim at an analysis of typical mammalian behavior under conditions where the determining stimulus is absent at the moment of response." This opening sentence indicates the nature of the investigation. The aims of the investigator were to determine how long after the disappearance of the stimulus an animal can react correctly; and to ascertain, if possible, the nature of the cues used by the animal in the solution of the problem.

Following the brief introduction, nineteen pages are devoted to a critical review of the main types of behavior which have been used as evidences of the existence of images or ideas in animals. Fourteen types are discussed under the following headings: Imitation, Use of Tools, Dreams, Learning Curve, Memory, Thorndike's Test, Learning by Being "Put Through," Recognition, Rate of Forgetting, Association by Similarity, Reluctancy and Expectancy, Varying Means to the Same End, Reactions to a Temporal Series of Colors, and Washburn's Cat on the Stairway. In each of the above cases the author of this monograph considers the arguments for the presence of imagery in animals to be inconclusive, and emphasizes the fact "that if comparative psychology is to postulate a representative factor, it is necessary that the stimulus represented be absent at the moment of response."

The subjects used in the investigation were twenty-two white rats, two dogs, four raccoons, and five children from two and a half to eight years of age.

The general method of experimentation was the same for all. The animals, for instance, were placed in a release box from which could be seen three equidistant and qualitatively similar "light-boxes." These were so wired that any one of them could be illuminated. The animals were taught to go straight to the lighted box when released. When this habit had been formed, "the light was turned off" (1) just before the animal had reached the light-box, (2) when it was half way to the light-box, (3) just as the experimenter started to raise the release-box, and (4) at intervals before the release-box was raised. These intervals were gradually increased in length until the animal failed, then they were decreased until the choices were again correct.

Bread and milk were used as rewards for the animals, and candy for the children. With eight of the rats an electric shock was also used as punishment for incorrect choices.

Some of the rats failed to react in the third stage of delay, while others could react correctly after a delay of ten seconds. The minimum delay for the dogs was two seconds; the maximum, five minutes. For the raccoons, the minimum was three seconds; the maximum, twenty-five seconds; and for the children the minimum was fifty seconds and the maximum twenty-five minutes. The intervals of delay were not affected when the backgrounds surrounding the entrances to the light-boxes were of differing degrees of brightness. When the problem was made less complex by the use of two light-boxes instead of three, the maximum delay recorded was greater in each case.

The interval of delay was not affected by the number of trials per day or by the use of punishment.

With the rats and dogs the orientation maintained during the delay was essential to correct reaction. Such motor attitudes seemed also to influence the raccoons. It is the author's opinion that to explain a great number of the correct responses of the raccoons, and all of the successful reactions of the children, there must be assumed a "representative factor" which fulfills an ideational function. This factor is sensory rather than imaginal in all the subjects except, possibly, the older children.

Subjects may be classed on this basis; (a) absence of learning, (b) trial and error, (c) sensory thought, and (d) imaginal thought.

CHARLES A. COBURN.

THE CANADA PORCUPINE: A STUDY OF THE LEARNING PROCESS.
By Leroy Walter Sackett. Behavior Monographs. Volume 2,
Number 2. Pp. iii: 84.

The introductory chapter of this monograph is a very interesting "biological and naturalistic study" of the porcupine. The following quotations from this chapter, show that the porcupine is well adapted for experimental purposes: "The greatest assets of the experimenter are the porcupines' appetite and persistence while on duty. Little difficulty is experienced in the way of diminished effort or activity as the animals approach satiety during feeding." "Although they are somewhat slow, they seldom pause in their activity, almost never give up a task, and work with an independence of effort which leads one to suspect that their survival has depended on the individual far more than on the groups."

The remaining chapters contain reports of experiments with the porcupine in the following fields: (1) manual dexterity; (2) reactions to the puzzle-box situations; (3) discrimination of form, size and color; and (4) treading the maze. Sixteen porcupines were used. Of these eight were males, four were females, and in the case of four the sex was not determined. From May 26 to October 20, the porcupines were kept in an open-wire cage, eight feet by twenty feet and seven feet high. On October 21, the transfer was made to a large well-lighted room with a ground floor. In each case the experiments were carried on within the cage.

The first investigation was that of manual dexterity. This phase of activity presented itself since "the forefoot of the porcupine is freely used as a hand and is well-formed for that adaptation." During these tests the animal was required "to mount a box about eight inches high and to stand or to sit tripod fashion on his hind feet and tail near the edge of the box, so that nothing could interfere with the free use of his hands." The experimenter, standing directly in front of the animal, offered small pieces of cabbage, "care being taken to place it always in the same manner as nearly as possible directly before the animal's nose." Fourteen animals were tested. "In seven cases feeding was done with the experimenter's right hand and in six of them the animals became right-handed. Of the seven instances in which the food was presented with the left hand, six developed left-handedness." These habits in the use of the hand could be almost entirely broken up in a few days, hence the author concludes that porcupines have very little tendency to be either right-handed or left-handed.

The attempt was made to teach the porcupine to reach for cabbage with his right hand and for carrot with his left hand, the experimenter using the right hand and reaching the food to him in the same manner each time. After nearly five thousand trials, and one hundred and sixty errors, the porcupine (Number 3) always used the correct hand in reaching for the food "whenever, wherever and by whomsoever it was offered." After thirty days he was still able to make the discrimination. Six other porcupines were used in the same experiment and displayed equal skill.

In experiments with the puzzle-box, the door was supplied with the following locks: (1) simple pushdown lever; (2) plug adjusted in the top of the door; (3) horizontal thumb button; and (4) ordinary screen-door hook. The locks could be used either singly or in combinations. In this study no attempt was made to obtain definite quantitative results. The porcupine readily learned to operate each lock separately and also the four locks in series. In an hundred-day memory test, "the behavior of the animal gave four experienced observers the impression that the porcupine had retained the association, but had lost chiefly in dexterity."

The porcupine's ability to discriminate a circle from various other forms was tested. The forms used were circular, square, rectangular, etc., openings through blocks of wood nine inches square. These were presented in pairs or in series of six. Back of the forms were food-boxes. The food was always placed in the box behind the circular opening. In order to eliminate the sense of smell as a factor, each food-box contained a secret pocket filled with the food being used. The porcupine was able to distinguish the circle from other forms when it was presented either "pair-wise" or "six-wise."

Using Nendel's series of gray papers, the threshold of brightness discrimination for the porcupine was found to be about ten shades.

The apparatus used in the experiments on color discrimination was somewhat similar to that of the form study. Colored papers of the Bradley series were used as stimuli. Under these conditions the porcupine failed to react appropriately.

The porcupine was found to be very expert in treading the Hampton Court maze. The author suggests that this may be due to "the natural instinct of the porcupines to lay out runways in the fall of the year to particular clumps of trees which they use as feeding grounds in winter."

When the floor of the maze was sloped ten degrees from the horizontal, rotating the maze through ninety degrees confused

the animal, but the relearning after each rotation was more rapid. After one hundred days absence from the maze, the porcupine's ability to traverse it was not materially lessened.

CHARLES A. COBURN.

Harvard Psychological Laboratory.

THE JOURNAL OF ABNORMAL PSYCHOLOGY

FEBRUARY-MARCH, 1914

THE PRODUCTIONS IN A MANIC-LIKE STATE ILLUSTRATING FREUDIAN MECHANISMS¹

JOHN T. MACCURDY, M.D.

Assistant, The Psychiatric Institute, Ward's Island, N. Y.

THOSE opposed to psychoanalysis often make two objections to the claims of Freud and his followers. They are that in the neuroses much of the alleged "material" recovered by analysis is suggested to the patient by his physician, and, that in examining the utterances of the insane, there is no sufficient basis for the interpretation of the trends. Hassman and Zingerle,² however, have recently described the drawings and utterances in dementia præcox where they could trace the development of crude sexual ideas to more and more refined symbolic representations. They remark in their conclusion that since the productions of their patients were made without extrinsic stimulus, there can be no doubt that their symbols are the expression of affect toned (and frankly sexual) complexes. In other words, that their material substantiates the claims of Freud and Bleuler.

The following case is of this nature. In a manic-like state the patient poured forth a mass of material, at times crude, at times symbolic, with the occasional addition of such poorly veiled symbols that the transition of the crude sexual to the symbolic was self-evident. His psychosis precluded the possibility of suggestion, and, on the other hand, it

¹Read at the annual meeting of the American Psychopathological Association at Washington, May 8, 1913.

²Hassman u. Zingerle. Untersuchung bildlicher Darstellungen u. sprachlicher Ausserungen bei Dementia præcox. Journ. f. Psychologie u. Neurologia, Bd. XX, s. 24.

removed inhibitions normally operating against the appearance of suppressed ideas and reproduced in manic flight of ideas the very method of Freud — free association. The mention of an apparently indifferent object, for instance, or an apparently innocent question, would start a flight that began with neutral, then veiled, then often crude sexual expression. The following are examples:

Who is your mother? “My mother is down in 2139 East 16th Street, getting my breakfast ready. Her name is Mary, the Virgin Mother — I conceived myself in the Virgin Mary — her husband is Joseph, but he is not my father.”

Peaches — “Oh, yes — in the Garden of Eden — after I made Adam, I took a rib and made Eve — I said ——” and here follows a direct invitation to Adam and Eve to indulge their passion.

Nothing — “Flash, flash of lightning — England made a circle around the world — electricity like a leaf going up and down, up and down — no, no masturbation, no dirty business with my mother or wife (*Nothing?*) O, house upside down — dreamland — end of the world.” Then he says he performed fellatio with his mother and she enjoyed it.

It might be urged, possibly, that this man is a degenerate whose mind dwells only on sexual things, but we have the word of four individuals who saw much of him in family and business life that his general walk and talk was that of a respectable citizen, though not without eccentricities. Moreover, the period of his most prolific productions had a duration of only a few weeks; for nearly six weeks since then, his apparently meaningless talk has been explicable only in the light of what was previously learned and is largely free from any gross allusions.

Such samples as I have given show little connection, but when his productions are collected and grouped under different headings we see that a thread runs through them all and that he has laid bare for us his psychosexual development. The fancies and longings of infancy, having lain dormant for over half a century in his subconsciousness, have at last come to expression — thanks to his psychosis;

the real world is shattered and his theories are facts, his wishes fulfilled at the thinking of them.

The formal aspect of the case may first be considered.

It must be stated at the outset that the best account of his past life was secured from the patient himself. His wife suffers from a paranoia with great antagonism towards her husband, so that no details of his intimate life were obtainable from her that could be relied on. His son-in-law was able to confirm a few of her statements, but the most satisfactory story was secured from his last employer.

The patient was born in England in the country, and is now fifty-seven. At the age of twenty-two, after working in London, he went back "to the farm" to rest for two or three months. This may have been a larval psychotic episode. Then when twenty-three he came to America, and it appears that for fifteen years he had a steady business as a butcher, being, at one time, worth \$7,000. He was married for eight years but had a good deal of friction, and finally divorced his wife to marry his present mate whose name is Lily. This was in Chicago in 1891. This alliance was apparently not a brilliant success. They lived together only spasmodically, being separated sometimes as long as five years. For the past few years they have been known to quarrel almost continuously. No children resulted from the match, but his wife had a daughter, Fanny, by a former husband, who the patient claims was his offspring. She is now married and has one son named Ernest. Both of these individuals appear prominently in the psychosis.

He lost his money in the panic of 1893, and from that time on seems to have been less efficient. He worked as a peddler and then undertook all sorts of jobs for short periods, living on his friends for as long as one year. For some years they have lived in New York; where he was employed as a salesman.

From the various accounts we gather that he was self-opinionated, obtrusive and obstinate, but was easily led to drink or gamble. Apparently he was always attracted by men, particularly by the sporting type, with whom he drank a good deal (though he never has been seen drunk),

and bet on horse races. Episodically he went off with some woman of low character, consorted with her for a few hours or even months. At the end of one such flight from domestic respectability he was discovered in a dilapidated condition.

Certain peculiarities are known. Although he was an indifferent salesman, he regarded himself as an exceptionally good one. During recent years he and his wife have eaten no meat. Six months ago his employer took him to a restaurant, where he ate like a wild beast, gulping down his food in huge masses. For a number of months prior to admission the patient wore a woolen bathing-suit next his skin constantly.

No definite precipitating cause is known for the present psychosis. The wife states that although previously potent, he claimed lately that sexual intercourse weakened him, and it is possible that this has much to do with his trouble. He told others that he had lost his lease of life and that something must happen to change his life. This something often took the form of a projected trip as a drummer that was to take place in December, and for which he made absurd preparations. He used occasionally to say that he was Rip Van Winkle who had come back to life and that he was going to work for himself. For three months he had rows with strangers, but always tried to get a substitute to do the fighting. He starved himself systematically for two months, but always carried a small bottle of raw alcohol with which he would moisten his lips. Toward the end of December he began to cheat his firm in a small way but cunningly, and was discharged. For two weeks after January 4, his whereabouts were unknown to any one, then he turned up in a taxi at the firm where he had previously been employed, secured goods from them, and by trading these off and bluffing, rode around in taxis all day, treated all the men in a number of saloons and avoided arrest for twelve or fifteen hours, when he was finally apprehended and committed after ordering a big meal at the Astor House, for which he was unable to pay. For hours he was living riotously without a cent in his pocket.

On admission, January 22, physical examination showed nothing beyond great emaciation and peripheral arterio-

sclerosis. Blood pressure was low and the spinal puncture was negative, as was the serum Wassermann.

The patient is by no means steadily talkative, but may become so at an interview. He has never shown any general motor overactivity. At times he has remained mute for hours together, when he would write down his productions. During the first few weeks he sometimes sang hymns or "Home, Sweet Home" in a high falsetto voice. Occasionally his talkativeness became more marked as he went along. For the first month his mood was only occasionally one of real elation, most commonly it was of expansiveness, and this was associated with the idea dominant at that time that he had established a new kingdom. Rarely he became irritable when pressed with questions. His utterances and his mood are, on the whole, quite in harmony with each other, consequently, during the past two months, when he fancies himself a child again, he is playful, mischievous, or submissive. He now talks to himself for hours at a time, plays with pieces of paper or orange peel, calling them playing cards, race horses, or building lots at will with kaleidoscopic changes.

His train of thought shows at times a flight of ideas pure and simple, but not with sound associations and always within the confines of his delusional trend. His nearest approaches to pure manic flight were made when he was talking much about his new kingdom and his power. But even then it was striking that nothing he said could not be recognized as part of his delusional system. What is said of his train of thought is equally applicable to his distractibility. Chance sounds or persons passing the doorway of his room were often commented on, but always used in elaborating his delusions.

His utterances show that his psychosexual constitution is that of an individual whose life has been dominated by an early attachment to his mother — if the case be viewed from a psychoanalytic standpoint. It may therefore be well to outline the main features of this reaction type.

The child — at that stage where moral or biological inhibitions are weak — plays with incestuous fancies. As the inhibitions strengthen, these fancies are repressed to

live in the unconscious, finding expression only in dreams or a psychosis. In normal waking life, however, the boy and man is influenced preponderantly by his mother; associates with her and imitates her. His sweethearts are images of her, or if the fixation be strong enough he is unable to fall in love with any other woman, regards relations with the other sex as unholy or flees to homosexuality in crude or sublimated form. Occasionally it is only monogamy that frightens him, and a Don Juan is the result. Two interesting forms of childish fancy are the identification of the child with the mother, and later the representation of the mother as the offspring of the child. He marries first his mother, then himself, and finally his mother again as his daughter.

But these feats are not performed without opposition. The father is a grim reality — a most formidable rival. So the little actor robs him of his sexual power, of his life or even of his existence, the last by ascribing his birth, as in this case, to a parthenogenesis. In adolescent and adult waking normal life, this hatred is often cloaked by a homage and respect paid — often with exaggerated evidence of affection — to the powerful rival. In his identification with his mother the child, of course, assumes a passive homosexual rôle with the father.

No subject engrosses the child much more than the question of birth. Probably the commonest childish theory is that the whole process takes place in the alimentary tract and follows the course of food in inlet and outlet. This means of course, fellatorism and is associated often with ideas giving food symbolic significance. This patient, for instance, explained his antipathy to meat on this ground.

Perhaps the most important conception which Freud has expressed is the division of our life into pleasure and reality principles. To the child fancies are as real as are the delusions of the paranoiac, and reality does not exist. In his dream world his wish is fulfilled as soon as it is formed. He is omnipotent. When reality at any time becomes too strong for the individual, he reverts to childhood and a psychosis is the result.

The following synthesis of the patient's utterances will

demonstrate how rigidly he follows this line of development, and how frankly every detail of it is expressed. With the exception of one instance there is no question of interpretation. The productions were written down and collected under various headings. The struggle this man has gone through is not a pretty one and he invariably called a spade a spade. I hope I may be pardoned if I occasionally paraphrase or translate his speech.

The patient has been under our care for some three and a half months. During that time, although all his delusions have been constantly on or near the surface, there have been periods when one group of ideas was predominant. For the first month his new kingdom was the main issue and at this time he was most expansive, then he changed into a woman and gave up the idea which was the keynote of the new era he was to establish, namely, the abolition of physical sexuality. As a woman he gave birth to a child, and for the past two months he has been that child. It is very striking that at no time has he expressed an insane idea that could not find its place as one of the building blocks in the edifice of his delusions. No expression was ever purely "crazy." It was always determined by association to one of the basic themes.

As representing the most fundamental factor in his development, we shall first consider his mother. He puts her constantly in the wife relation, speaking of his present wife Lily as his mother.

"My mother was a blonde but when she died she turned into a brunette." (His wife is dark.)

"I have no wife, I never had a wife, I have only a mother."

His wife's daughter he called the daughter of his mother.

"The end of the world should have come when I met my dear mother in 1891. My mother wanted me to live with her but I did not want to." (This was before he secured his divorce from his first wife.)

He spoke once quite frankly of a fellatio with his mother.

"I dreamed that I and my mother were going to paradise together."

"The first shall be last: the first was Edith M. (mother), the last was at Bath Beach." (When he lived with his wife.)

"When I have wool on my body no one can touch me. No one can hurt me when I have my flannel gown on." (He elaborates much on this theme.) The thieves took it away from him 1912 years ago, and that is how they were able to crucify him. This gown was made for him by his mother, the Virgin Mary, when he was born in Bethlehem.

He transfers the affect for his mother to the next generation. He is no longer his wife's husband but Fanny's husband (the daughter). This daughter he calls his own and once he spoke of the "mother-child." "I can be here for a thousand years with my little babe, my little bride, the new-born babe." Constantly he ascribed his mother's powers to Fanny.

His mother is essentially a pure woman; this symbolizes the reaction against incest—the vital thing about the new kingdom. He says frequently that no one can insult her. He was conceived in an immaculate way, so was his wife's daughter. Again he sees a vision of his mother. "Her stomach was empty, her womb was empty and her vagina was empty." He adds, "No one can insult her." This virginity of his mother probably led him to the selection of the Virgin Mary as his mother, one determinant for his delusion of divinity.

Associated with this idealization of his mother is his dislike for his present wife. He rids himself of her by marrying her to different people and by making the grossest charges of infidelity. For instance, D— (another patient) is his wife's former husband and is now sleeping with her every night. Again he says his father is his present wife's husband and that he has married his mother, thus neatly disposing of the two rivals at once. He gives his mother's maiden name as that of his wife, and *vice versa*, and says that his wife, whom he has thus changed, is his heavenly wife.

Physical outlet of his love for his mother being impossible, he conceives a dislike of all heterosexuality, and attempts a sublimation. This takes the form of a new kingdom which he is to establish.

"God gave me orders to purify the world. When the world is purified nothing will enter the mouth that is not pure, nothing that is distilled," etc.

"I came to earth the second time to live with my people forever and ever, and to make all my people young again." We have seen that he had been complaining of impotence before the onset of the psychosis. "In the new kingdom none shall grow old. When my mother brings me a flannel gown I will cast all the devils out and there will be none but young men and maidens in the world." "It is the devil that made all this dirty sexual business." "In the new kingdom all will wear flannel till the snakes are killed off." "After all the devils are killed off we will eat meat again like other people." (The patient had not been eating meat for some years.) The kingdom will be like the Garden of Eden before the devil came and brought sexuality. When he goes back to his wife they will sleep apart but they will have all the sensations of intercourse without carnal union. In the new kingdom this is to be the method of reproduction. There will be only men from eighteen to twenty-two and girls from sixteen to eighteen. Each man will have but one wife and they will have a child a year. When the world becomes over-populated he is going to create other worlds.

Connected intimately with these ideas of omnipotence are his essentially expansive utterances. Only a few can be quoted. He can cure 1,000,000 a minute. These cures are mostly performed by application of his own or his mother's urine, concerning which he expresses what must have been childish theories. He can turn any one black that he likes. He can change men into women, or black people into white, and *vice versa*. So can his mother. He is God, the Son of God, King of the Jews, King Solomon come to earth again. He made the sun, the moon, and the stars, and forty other worlds. He can tell what horses are going to win and how lotteries are going to turn out, because he is God and can see everywhere. His wife had 7,000 men and he had 7,000 women. ("That is where King Solomon comes in," he says.) In the new kingdom his family are all to have platinum revolvers that shoot twenty-

three shots in three seconds. First officers are to have gold, then silver, etc.

"Where is God? Tell God to come here."

"I am that I am."

"There is no one who can look the blazing sun in the face like I can, because I made the sun and the moon and the stars myself."

"I killed the dragon. Who is St. George? That's me. I am the King of England. I am the Prince of Wales."

"To-night at six o'clock I shall pull this building down, as I did the Temple before."

"I shall destroy New York and sink Ward's Island in the river."

"If there weren't enough worlds we would keep on making more worlds."

"I am here to heal the sick for the second time on earth."

"As soon as my mother brings me my flannel gown¹

¹The patient made this qualification constantly, or at least demanded that he be in wool in order to exercise his powers. The gown he spoke of as being made of wool quite as often as of flannel. This is a striking confirmation of one point in Ferenczi's argument about the development of the sense of reality. (*Entwicklungsstufen des Wirklichkeitssinnes*, Ferenczi, *Internationale Zeitschrift für Ärztliche Psychoanalyse*, Bd. I, 2.) He claims that the infant has the least contact with environment and therefore must be most omnipotent (from his own standpoint, "Die Allmacht der Gedanken") while still *in utero*. At this time everything is done for him, he does not even have to eat or breathe. When he is born the struggle with reality begins, but for some time he is still relatively all powerful for every one in his environment is his servant. His cries and gestures are magically obeyed commands. Moreover, the first effort of the mother or nurse is to reproduce for him, as nearly as possible, the conditions he enjoyed *in utero* by covering him up in warm blankets. He is not immediately to

"Forget the glories he hath known,
And that imperial palace whence he came."

This patient, therefore, regresses absolutely to this stage when he speaks of his powers, for he says his flannel gown was made for him by his mother at the time he was born.

For the understanding of another utterance, I am indebted to a hint of Prof. Ernest Jones. The patient told once that the night before they had tried to give him two hypodermics, but he was between two woolen blankets and both the needles melted. Previously, he added, they tried to take his temperature *per rectum* and the thermometer melted. To a child coming into the cold world, the mother's body probably gives the first perception of warmth. Having only outer

I will cast out all your devils, and I will make the world as it was when I first made it."

For one averse to heterosexuality and unable to permanently sublimate, there is another outlet—homosexuality. With this patient it seems to have developed from his conception of his mother as a man-woman. He stated once that his mother used to have a penis—a very common infantile fancy. This gives her the secondary masculine quality of force and power. His mother can quell people with her eye. He and his mother can change people from men into women, and *vice versa*, and he speaks frequently about his wife having assumed the form of a man. "My wife was a man-woman." He spoke of his wife coming to visit him in the form of a man, and of the examiner as a man, then a devil, and finally "My mother in the shape of a man." He announced one morning that he and his wife had slept together the night before. They cohabitated like humans, that was why he rested well, and they were not ashamed. He should not have been ashamed of regular intercourse. They ought to have it in the new kingdom but the mother had insisted on the two-bed system, while he wanted the ordinary sort and was prevented from it by the fact that his mother had changed him into a woman and he could not turn himself back. For some time he made constant reference to himself as a woman. Found weeping once he said, "They shaved me and I am only a woman. Why should they shave a woman?" He often represents the physician as either himself or his wife, the patient always being the corresponding mate. "You know you are William L. and I am Lily L. We are lying in bed together. We are one, dear, you and me." "Ah, here is the Duke of Devonshire, our Roosevelt. Let me kiss your hand, darling." Once he reminisced (addressing the examiner as his wife) of intercourse *a tergo*. A prominent feature of the phase when he was a woman was the birth of a child. He often said the physician was the

air and maternal warmth to judge by, the latter stands for the hottest thing in the world. The fancy is therefore natural that, when he is cuddled up in the woolen nest his mother has made, he is in the hottest place in the world, quite hot enough to melt needles and thermometers.

father of it or again that it was conceived immaculately. He also spoke of having intercourse with a male friend of his in the ethereal style to be practised in the new kingdom.

When this child was born he had it in bed with him for many days, and then announced, "I and the baby are one." Since then his whole attitude has been childish. It is as if, having a certain insight into the silliness of his delusions (which he undoubtedly has, for he often calls himself crazy or a faker), he endeavors to appear consistent by playing the child, to whom fantastic theories are natural. By making this one alteration, nothing is internally absurd, for fantasy is the reality of a child. The following show his infantile reactions:

"You told me I could make a noise and I am only a little boy."

"I am little Ernest." (The son of his daughter Fanny.)

"I am acting a fool now."

"I am nothing, I am a pig's squeal."

"We are frolicking down at Bath Beach to-day. I am to be Queen of the May, mother, I am to be Queen of the May."

"Come on John, the show is over, we'll go home."
(*Who is John?*)

"I call my wife Lily, John, and she calls me Will."

"I am little Ernest. I am a little boy, but I am growing big with all this food. Then when I am big I am going to look after you, after father and mother."

"I am you and you are me and we are both little Ernest, aren't we, dear? I am only a little kid."

"I am in the toilet and I am afraid to come out because there is a bogey there."

"I do this (beating his dishes together) to get something because I am a big eater, or I pretend to be. It is all make-believe. I am a faker."

The father is the child's great rival in securing the mother's love. Constantly this patient has expressed the reactions of fear, respect, and hate. The physician and chief attendant he addresses very frequently as "father" or "Roosevelt," the latter being the favorite father image, and to these two he pays considerable respect and obedience.

But much more prominent than these is his hate. By his Virgin birth he has eliminated him altogether, and then he speaks of his father as Joseph of Arimathæa, but takes pains to add that he was not a real father. In the introduction of the Virgin he links himself with God, who is the great Father image. He calls himself by his father's name, thus making himself the legal husband of his mother, or, the Son of God. His defiance of his father is perhaps best expressed in his remarks about the sun (an archaic father symbol). "I am the Son of God." "God communicates with me through the sun, the sun is the eye of God, the sun is my eye, the single eye of God. I can look the sun in the eye all day long. Only God can do that. So can mother and so can Fanny." Again when the patient is King Solomon, his father is the King of Tyre. "I was getting too old to have regular intercourse. That is why my father, the King of Tyre, can't do any more good to his wife, so he has passed his authority to me, and so we are going to have a new kingdom." Again "The King of Tyre had gotten feeble-minded."

"Old John (his father's name) is dead. The elimination has taken place," he says himself.

The devil, too, comes in to represent his father.

"I am changed again, the devil has got me again ——." (The question was put to him, Who is the devil? whereupon he gave this continuous production in dialogue.) "Roosevelt, I'll shoot him, I'll kill him. Kill whom? Roosevelt. Kill your father? Yes, kill Roosevelt. Is Roosevelt my father? Yes, if my father is going to be dead, I'll be dead too."

Again, "Who is Roosevelt? He is my God, he is my husband, he is my father. He married my daughter."

"On the belly shalt thou walk! You get into the Kingdom of Heaven! I am God, I am Jesus Christ."

"I killed the dragon. Who is St. George? That's me."

"Now give me a gun and I'll shoot you. I don't care, I'll shoot you even if you are my father."

"Oh God, my God, did I kill my father?"

The clearest evidence of the wish to castrate the father

was shown in a vision he described where a man's son came and performed that operation on his father. That this man was his father's image is probable, since he was an old employer of the patient (the father relation repeated). He and his son are endowed with the same qualities as the patient and his father of changing from one to the other, and finally he said to the examiner, "You are Jessie Dye, you are Rocky Rice, you are Roosevelt." Jessie Dye and Rocky Rice are the names he gave to this man.

The child who has incestuous fancies about his mother has generally more or less marked fears of being himself castrated, usually at the hands of the father. This patient does not show this prominently but made a number of statements that, with the strictest criticism of interpretation, can hardly be looked upon as other than castration fancies. For two months he has often put his hands over his eyes and begged the examiner to take his eyes off him as it robs him of his power. Like *Œdipus*, he said once, that he had been blinded, "Cut that vein out, then I'll be dead and I'll be alive again." "I am Jesus Christ, I am hanging on the cross now, I am nailed to the cross," are other remarks. It is interesting that the symbolism for this most painful thought is the only one that he does not himself explain.

We have spoken of the alimentary tract being much better known to the child than the genital region, and of the prominence of the digestion tube in infantile theories about the origin of children. He frequently expressed these ideas with great crudity. The child is in the mother's stomach and gets its food from what she eats but its drink from the father's semen. He therefore stated in a rhyme made *ad hoc* that if a woman refuses ordinary intercourse, he would insist on fellatorism. He mentioned having performed this with his mother (i. e., his wife). During the time when he fancied himself pregnant he often said that the baby was kicking and hurting him, demanding food. He addressed the examiner once as "Ernest," and the next minute as his new born child who had been eating everything he ate — "It was you who made these arms so thin. It was you who drank all the wine and ate all

the fruit my dear mother paid for." It is not surprising, therefore, that he gives a direct sexual meaning to many articles of food. "When the devils are killed off (i. e., sexually) we will eat meat again." He and his wife are very fond of cheese and eat tremendous quantities of it. A woman who is pregnant can eat largely of it and also of soap. When he eats cheese it makes him feel good all over and warm, and it makes sweat come out on his brow. He said he was starved by the saloon keepers' union. Now, as a matter of fact, he starved himself systematically for two months prior to the frank outbreak of his psychosis. Saloon business he associated frequently with sexuality, so it is only natural to suppose that this starvation was, like the meat abstinence, a symbolic refusal to indulge himself sexually. Pancakes are a favorite symbol to him for a fructifying agent. He said, "But still I suppose I have to obey and mix those pancakes for you, dear, and for me, for little Ernest and those who are to come after us." He said again, "When I eat, it makes me a man or a woman." Asked how it came about, he said, "The same as it would make anything else. You can't grow anything unless you plant seeds."

He spoke quite frequently of there being a fairy in the commode.

He compares directly the penis of the father with the nipple of the mother's breast.

In conclusion I wish to express my thanks to Professor Hoch, not only for his help in the examination of this case, but particularly for his aid in the correlation of the patient's utterances.

PROCEEDINGS OF THE AMERICAN PSYCHOPATHOLOGICAL ASSOCIATION, MAY 8, 1913

(Continued)

Dr. E. E. Southard, Boston, read a paper entitled, "Remarks on the Statistical Side of Delusions."¹

Dr. Trigan Burrow, Baltimore, read a paper entitled, "The Meaning of the Psychic Factor."²

Dr. J. T. MacCurdy, New York, read a paper entitled, "The Productions in a Manic-like State Illustrating Freudian Mechanisms."³

DISCUSSION

DR. ERNEST JONES, London: This very valuable paper of Dr. MacCurdy's well illustrates a number of important conclusions, on two of which I will specially remark: 1. It is an absolute answer to those who say that the psychoanalytic interpretations are not objectively arrived at. I saw this patient with Dr. MacCurdy and can vouch not only for the accuracy of the description, but also for the fact that it was quite impossible to suggest any notions to the patient. As Bleuler has pointed out, paraphrenia gives us the most patent evidence of the same symbolisms that we find in the neuroses, and under circumstances where, from the nature of the disease, all suggestion is totally excluded. 2. Another matter is that what we have just heard is a typical description of the normal unconscious. When this patient says that he has married his mother, his grandmother, his daughter, that he is founding a new kingdom, and so on, these are just the kind of extraordinary phantasies that characterize the normal unconscious. It is only when we get these striking surface manifestations that we can begin to realize how wild and exaggerated are the phantasies of the mind, normal or disordered. They are

¹Reserved for publication.

²Published in December, 1913-January, 1914, number of this JOURNAL.

³See this number of the JOURNAL, p. 361.

permanently unknown to the person, quite inaccessible to the deepest hypnosis, and are revealed only by the natural experiment of psychosis formation on the one hand, and the technical procedures of psychoanalysis on the other.

DR. L. E. EMERSON, Boston: May it not be from this very region of the unconscious that the Hegelian notion of self-activity originated?

DR. A. A. BRILL, New York: I am very much impressed with this excellent paper. It clearly shows that by gathering material such as this, enough can be found in the insane to corroborate what we have already found in psychoneurotics. It was cases similar to the one just reported by Dr. MacCurdy which I have seen during my service in the Zurich hospital that convinced me of the correctness of the Freudian mechanisms. The surprising thing is that so very few cases have been so far reported. That many similar cases can be found in every hospital for the insane there is absolutely no doubt; they are overlooked because most of the internes pay no attention to psychoanalysis. Some time ago I looked over a few hundred histories taken by me long before I became acquainted with Freud's views. I was surprised at the number of interesting and important mechanisms that I found in most of these cases. Dr. MacCurdy's interesting case will do much to stimulate further observation in this field.

Dr. Alfred Reginald Allen, Philadelphia, read by title a paper entitled, "Remarks on Technique of Free-Association with the Exhibition of a Recording Mechanism."

No discussion.

(To be continued.)

ERRATUM

On page 350, lines 20 and 21, preceding number of the JOURNAL, (Dr. Jelliffe's remarks on Dr. Brill's paper) read, *immortality* instead of *immorality*.

SLIPS OF THE TONGUE AND PEN¹

BY C. P. OBERNDORF, M.D., NEW YORK

IT is well known that according to the Freudian psychology nothing is left to chance, so that the various puzzling little mistakes of every-day life, such as the forgetting of names, slips of the tongue and pen, misunderstanding the meaning of a sentence, etc., can all be satisfactorily explained if the associations connected with them be carefully investigated. It can be shown that a close identification often exists between the actuality and the error, and that especially in forgetting and slips of the tongue, the lapse may be shown to be a fully determined expression of unconscious, opposing, offensive ideas, which interrupt the train of thought primarily intended. Not infrequently the lapses of the tongue and pen give expression to the suppressed tendencies and thoughts, instead of the more circumspect or correct utterance which was intended.

In connection with the above theory the following analyses of such errors are presented:

One of my friends in recounting a visit to a house party which he had attended at Summit, N. J., remarked that he met X there, and continuing, said, "X had raised a mustache so that he did not recognize me," meaning to say, of course, "X had raised a mustache so that I did not recognize him." The investigation of the source of the slip of the tongue resulted as follows:

My friend, a law student, has been engaged for a number of years to a young lady living in Washington. About two months before his visit to me, which was occasioned by his dilemma over his engagement, he had been at another house party in Westchester, where he had fallen ardently in love with a girl of quite a different type from his betrothed, and had not hesitated to demonstrate his preference at the dance and other entertainments at the gathering.

¹ Read before the New York Psychoanalytic Society.

His hostess at Summit, who had also been present at the Westchester affair, had jested with him before the other guests about his violent infatuation with the young lady he had met there. He retaliated to the bantering with some flippant remarks. At this time he had not recognized X, whose appearance had been altered by the mustache, but subsequently the latter greeted him, and in the course of conversation told of his own engagement to a girl in Baltimore who is intimately acquainted with my friend's betrothed. Naturally my friend was annoyed, as he felt certain that the fact of his own unrestrained attention to another might be communicated to his fiancée.

The slip of the tongue seems clearly to have unconsciously given expression to my friend's wish that X should not have recognized him, just as he had failed to recognize X in his new appearance, or that he himself might have raised the mustache so that X should not have known him.

An interesting aftermath to the incident related above came to my notice four months later. At a dinner I happened to meet my friend whom I did not recognize for a moment, as his appearance had been quite altered by a recently grown mustache. He volunteered that his affair with his fiancée had been satisfactorily arranged and that he was still engaged.

He excused himself from the dinner early, pleading another engagement. Subsequently in the course of conversation another member of the dinner party remarked to me that he had been delayed in arriving because he had come with W (my friend), who had forgotten his cane and insisted on returning home — a distance of some miles — for it. When I suggested that he might have gotten along without his cane, W's friend laughingly remarked, "Oh, yes, but he is going to see some girl in town who he says is just about right."

Evidently in this new affair — unconsciously or perhaps consciously — my friend is taking the precaution of a mustache to change his appearance.

A SLIP OF THE PEN

An intelligent patient from Detroit recently informed

me that she had misdirected a letter to 606 X Avenue, instead of 616 X Avenue, and that although it arrived at its destination, the recipient had called the mistake to her attention. As she had been under analysis sufficiently long to know that such mistakes were considered of significance, she reported it.

In response to my question, she stated that the letter had been written to a Mrs. Y, and contained an invitation to dinner—or something. Subsequent investigation showed that the letter had not been primarily written as an invitation to Mrs. Y, but in reply to the latter's letter requesting the address of a certain actress. Mrs. Y wished to write the actress to interest her in a young author whom the patient did not know. The patient complied with the request, and as a postscript, added that she hoped surely to see Mrs. Y at a dinner-party which she was giving at a later date, to which Mrs. Y had some time previously accepted a formal invitation.

When asked about Mrs. Y it quickly developed that the patient entertained a mild aversion for her prospective guest, who owed her invitation to the social attractions of her husband and the fact that an invitation could not have been extended to him alone without giving direct offense to her.

The patient had also granted Mrs. Y's request for the address with reluctance aside from the personal one. Because of certain connections the patient often had received solicitations for introductions to persons in a position to aid authors and artists, sometimes in behalf of total strangers. She learned that such letters of introduction had been subsequently presented with the implication that they bore her personal indorsement, so that she had come to regard the practice more or less as an imposition to which she wished to put an end.

The manifest factors for not wishing the letter to arrive are: firstly, the aversion to the compliance with the request; secondly, the unsympathetic character of the recipient, and thirdly, the invitation of conventionality which it carried.

The patient, when asked the name of the actress whose address she had written to Mrs. Y, was unable to recall it,

notwithstanding the fact that she had recently seen her perform. At the time she was acting as co-star with an actor, whose name also escaped her. Furthermore, she could not recall the name of the play in which these two persons had acted.

Freud has pointed out that in these instances of forgetting one name after another — a whole chain of names — it will be discovered that they stand in intimate relationship to one another. The forgetting in jumping from one name to another seems to prove the existence of an obstacle which cannot be readily overcome.

The only prominent memory of the play in which the patient had seen the co-stars act was its insufferable dullness. She had been the hostess at a theater party that evening, but the performance had proven so generally tiring to her guests that they acquiesced in the suggestion of leaving before the end. She became particularly annoyed at her inability to recall the name of the actor, as the recollection of his personality remained quite distinct. He was very well known, and considered to be quite a matinee idol, though she had not thought him the least attractive when she saw him in this play. He appeared so slim, pale and sickly — in some way he reminded her of a chance traveling acquaintance whom she had met in Paris, and whose name she recalled only after some effort. At first she had been very favorably impressed by the social graces of this Paris friend; subsequently when he called to dine, the evening did not fulfill expectations, but on the contrary proved to be distinctly boring.

The associations at this point again reverted to the actor whose name escaped her. She considered it queer, as he had recently figured prominently before the public in a play which had achieved unusual success. To her intense annoyance she could not remember the name of the play, but excused her lapse on the ground that she had not witnessed the performance. On the other hand, she recollected that it had been a "burglar" play, which, from the posters, she understood dealt with safe-breaking and a combination of numbers.

When asked to associate on Mrs. Y the patient in-

formed me that she was not the type of woman, in her opinion, whom one would have expected Mr. Y to marry, notwithstanding her good looks. Mrs. Y's beauty was not of the order which appealed to the patient, as she was a trifle coarse in feature and conduct. Her gowns, though effective, had always impressed the patient as being a trifle daring for the drawing-room.

Although Mr. and Mrs. Y had been married for twelve years they were childless, and the patient was not sure that they were happy, as she had always considered children necessary to happiness. Mrs. Z, with whom she had discussed Mrs. Y, then came to her mind. Mrs. Z had coincided with the patient's opinion of Mrs. Y, in fact had even referred to her as a parasite. Subsequent associations led the patient to think of "Vampire," of a play of that name, of Mr. Kyrle Bellew, who performed in it, and then of Kyrle Bellew's success — his last play — "The Thief."

In associating on "606" the patient said that she could only think of a little play she had seen called "Officer 666." She had heard of the remedy for syphilis, "606," some time before, and had always been afraid that she might call the play "Officer '606'," which, of course, might have been very embarrassing. Moreover, before the play had been produced she had conceived the idea that it had been translated from the French, like "The Girl with the Whooping Cough," in the original of which the girl had, she understood, not been afflicted with the whooping cough at all, but with an infectious venereal disease — gonorrhea or syphilis. The thought had come to her that in the original play, "Officer 666" had been "Officer 606." She did not care to see "The Girl with the Whooping Cough," as the posters had been sufficient to disgust her. It was played by an actress (name forgotten), who wore very daring clothes — such as Mrs. Y would not hesitate to wear.

Further investigation of the idea of infection revealed that from an early age, practically up to the time of her marriage, the patient believed that impregnation occurred through contact of the genitals of the opposite sexes, and as only one contact was necessary for conception, impregnation could occur whenever the woman so desired. As a high-

school girl, in studying parasites and other low forms of animal life, she had been particularly impressed by parthenogenetic conception, which she believed must occur through infection of some kind. Until shortly before marriage she had insisted that the affair be platonic, which to her meant refraining from bodily contact. The close connection between her parthogenetic theories and her contact theories, may be judged from a remark which she made to her husband after intercourse, that now she supposed she would become infected.

Among the mass of associations behind the simple mistake are sufficient closely connected disagreeable mental radicals and cross-associations to fully account for it. To recapitulate briefly — we have the disagreeable play with its distasteful star, who reminded the patient of the disappointing Parisian (Parasite?), and whose success had occurred in a play in which a combination of numbers had been important. (Undoubtedly "Alias Jimmy Valentine.")

From the second association series we obtain audacious dresses, *risqué* manners (Parisian?), and parasitic nature of the lady to whom the letter is addressed. Auxiliary associations quickly lead through vampire (Mrs. Y) to another burglar play, "The Thief."

From the third point are ascertained thoughts bearing more immediately on the form of the error — namely, the burglar play, "Officer 666," and the fear of misnaming it at the time it was produced; its close relation to "The Girl with the Whooping Cough," who is identified with Mrs. Y, and to a less extent with ideas of infection (impregnation) of the childless Mrs. Y.

It seemed self-evident, however, that the patient's fear of misnaming "Officer 666" must have had some deeper determinant, for such a mistake would have passed unobserved, or might in some circles have been considered a witticism. The interest in syphilis seemed too emphatic to be entirely impersonal, but I did not solve it until some weeks later in attempting to unravel a dream of illegitimacy.

When the patient was very young she began to manifest a dislike for her mother, who in turn was so impressed by the child's indifference to her that she would remark,

"You are not my little girl." The child thereupon drew the natural conclusion that some one else must be her mother — for her father was genuine.

At the age of eight she developed an eczema which she thought in a very vague way might be inherited, though told to the contrary. The eczema remained chronic, and at a later age, when she learned of venereal diseases she surmised that the trouble might have been transmitted through her real mother. This whole trend of thought lay dormant until she reached young womanhood, when she happened to be discussing sexual relations with her mother, who informed her, among other things, that it was quite usual for men to indulge in sexual relations before wedlock — that such had been the case even with her father.

By this time the patient had discarded the idea that she had been born of some other mother, but the thought recurred that her father had contracted some disease (syphilis) through contact before marriage, and that her own skin disease might have been inherited from him. As any direct interrogation of her father on the subject was naturally precluded, she followed the alternative of consulting a physician, who again reassured her that her own dermatological affection was not transmissible.

It seems reasonable that the fear of confusing "Officer 666" with the similar combination of numbers "606," which is so closely connected with syphilis, was unconsciously a fear of revealing her own suspicions of the disease in her family, and when her more ordered thinking became interrupted by the intimately connected, disconcerting thoughts associated with the letter, 606 X Avenue was unconsciously written.

THREE EXAMPLES OF NAME-FORGETTING

BY H. W. FRINK, M.D.

IN his *Psychopathologie des Alltagslebens* Freud has shown that many of the little anomalies of mental functioning which frequently occur in both normal and neurotic people may be explained as the result of the influence of certain idea-groups of which the individual is at the time unaware. Among the phenomena thus explained is included the common experience of being unable to recall some familiar name. The mechanism of this difficulty is as follows.

When a group of ideas, or a "complex," is for any reason painful to the conscious personality of an individual, there is apt to occur a process known as repression, by which the complex is more or less excluded from his conscious memory. Speaking less technically, any person is prone to put unpleasant thoughts out of his mind and forget them. But, just as a surgeon in excising a new growth may cut well beyond its borders to make sure he removes it all, so repression, in excluding from consciousness a painful complex, does not stop at the exact limits of this complex, but effects some of the contiguous ideas. In this way there are established resistances which tend to prevent from entering consciousness, not only the painful ideas included in the complex, proper, but also the ideas forming what may be called its *penumbra*.

If a subject fixes his mind upon a name he has had difficulty in recalling and reports all his incoming thoughts (free association), it will be found in a great many cases that the associations thus obtained lead to a group of more or less unpleasant ideas which are usually strictly excluded from the focus of his consciousness, that is, lead to a repressed complex. Ordinarily, it can then be shown that the elusive name had either formed a part of the complex itself, or else of its *penumbra*. A rule to account for many cases of difficulty in recalling familiar names (or phrases) may therefore be formulated as follows: *The name forgotten is connected (accidentally or otherwise) with a repressed complex, and is prevented from coming into consciousness by the pro-*

ceptive resistances against the painful ideas contained in the complex. The three examples which follow will serve to illustrate this rule.

1. During the weeks just before Christmas a gentleman was asked by two or three different people where certain books could be purchased. He happened to know that the books in question were kept in stock by a firm of publishers on Twenty-third Street, but though he recalled the exact location of this store, and was able to give accurate directions for finding it, he could not remember the name of the firm.

A few days later, when he mentioned the circumstance to me, I was able to supply the missing name (Putnam), and we attempted to analyze his forgetting, with the following results:

Upon concentrating his mind upon the name in question he immediately recalled that some years before he had gone to Putnam's in search of a certain book which he wished to present to a young lady he much admired. Having obtained the book he called upon her, but, contrary to his hopes, she received him and his gift in a manner so cold and forbidding as to occasion him not only extreme embarrassment but also a certain degree of wrath.

This memory, together with others of a similar kind which furnished mortifying evidence of his inability to win a high place in the lady's esteem, formed a complex of such an undoubtedly painful nature that one might readily suppose it capable of causing resistances against remembering that the above-mentioned firm of booksellers exists. But this complex does not account for the fact that *after* he had recalled the existence of this firm, as he did without apparent difficulty, the *name* of the firm still eluded him. It was evident, then, that the resistance to the name belonged to some complex still undiscovered, and I therefore urged the subject to continue his associations.

After a short pause, during which he felt that he was "thinking of nothing," he stated that he had a very vague mental picture of some person with a round, red face and wearing a blue coat, but that he was quite unable to say

who this person might be. Next he found himself thinking of a tall cupboard in a house where he had lived up to his eighth year. Then came a memory of himself as a child, sitting with his younger brother on the floor before this cupboard and playing with a colored picture-book. At this point he suddenly realized the identity of the red face. In the picture-book was a representation of General Israel Putnam, with a very red face and a very blue coat, making his famous escape from the British by riding on horseback down a flight of stone steps.

Then there occurred to the subject the incident by which the forgetting is apparently determined. When he was about seven years of age, he and his brother, stimulated by the picture of the doughty general's exploit, decided to "play Israel Putnam" by carrying each other down the stone stairs which led to the cellar of their house. But while carrying out this plan it occurred to the older boy, who at the moment was acting the part of Putnam's horse, that to drop his brother upon the stone steps would add greatly to the zest of the proceedings. This happy inspiration was no sooner received than put into effect. The small brother, suddenly finding himself at the bottom of the steps in a very contused condition, set up a wail which promptly brought the mother of the children upon the scene and placed the elder in imminent danger of chastisement. But in this emergency the same fertility of invention which got him into trouble got him out again. For by lying with great power and persuasiveness he convinced his mother that his brother's fall was purely accidental, and escaped being punished.

To this incident the forgetting of the name of Putnam may, I think, be attributed. I realize, however, that some may doubt whether the memory of this episode, though of evident significance at the time it was formed, could have any effect whatsoever after a lapse of more than twenty years. But in this connection it should be borne in mind that the memory must not be regarded as an isolated one, but as a part of great complexes which concern the telling of lies, the subject's family, and the malicious pleasure derived from making other people suffer. It is perhaps worthy of note

also, that the forgetting occurred just before Christmas — that is, in a period which sets the entire “family complex” on the *qui-vive*, and not only stimulates feelings of affection and good-will, but, because of the sometimes painful necessity of furnishing expensive material evidence of regard, occasionally inspires sentiments of a less noble and benevolent character. In view of this latter fact, one may conceive that the subject’s first association may perhaps not be so irrelevant as it seems.

2. Some time ago I was for a few days the guest of a certain married couple with whom I am intimately acquainted. One evening while my hostess, her husband, and I sat reading, she suddenly looked up from her book and asked: “Who was it that wrote ‘Paradise Lost’? Was it Dante?” Her husband replied that she had confused the authors of “Paradise Lost” and of the “Inferno,” and nothing more was said at the time. A little while later her husband left the room and, just as I was about to speak of her forgetting, she herself brought up the subject of psychoanalysis by asking me to explain a very annoying feeling which she had for some time experienced. This feeling consisted in a sense of aversion or repugnance toward all young men with light hair and blue eyes. She had been caused much discomfort by this singular antipathy as a number of her husband’s friends belonged to this type, and their frequent visits to her house always made her uneasy and unhappy. She realized perfectly that there was nothing in the character or behavior of these men to justify her peculiar feeling, but all her efforts to reason it away had been of no avail.

I told her that the generalization “*all* men with light hair and blue eyes” probably concealed thoughts and feelings which concerned one particular man of that type. At the same time I suspected, though without saying so, that the feeling of aversion very probably concealed repressed emotions of an exactly opposite character. I then asked her to fix her mind on the particular type of man she had described and to relate to me all her incoming thoughts. In response to my request she reported that she found herself thinking of a certain blond man with whom we both

were slightly acquainted; next, of another man of much the same appearance, whom, also, she knew only slightly. Then, after a short pause, she suddenly laughed, blushed, and said with some confusion, "I just now thought of some one else." "And toward him you felt no aversion?" I asked. "You are right," she replied, and then related the following.

The man she had thought of was her first cousin. He is a very handsome specimen of the blond, blue-eyed type that later inspired feelings of repulsion. When she was about sixteen years of age she had seen a good deal of this man and had found herself falling seriously in love with him. But because of their close relationship and the fact that he was nearly ten years her senior, she had decided it was very wrong in her to entertain any amorous regard for him. She had therefore resisted his attractions and endeavored to banish from her mind all sentimental thoughts concerning him. These efforts at repression were apparently successful, and, as far as she was consciously aware, he had long ceased to be of any particular significance in her emotional life. But this complex, though it had become in great part unconscious, was by no means entirely deprived of expression. For instance, when, just before her marriage, she destroyed her collection of photographs of former admirers, she "forgot" to destroy the only picture she had of her cousin.

It was not necessary for me to pursue the subject further to feel that the correctness of my suspicions in regard to the significance of her antipathy was pretty well confirmed. That is, I was convinced that her aversion to all blond, blue-eyed young men was simply an emotional over-compensation for repressed feelings of a quite different nature toward a single individual; namely, her cousin.

But the conversation in which was brought out the existence of her cousin-complex, furnished, incidentally, the explanation of her forgetting. Her inability to recall who wrote "*Paradise Lost*" depended upon this same complex — a circumstance which can be readily understood when we learn the given name of her cousin. It was Milton.

The lady's difficulty in recalling the name Milton was

particularly striking since, as she informed me later, she was a member of a literary society in which, only a few weeks before my visit, she had taken up the study of the works of Milton, including, of course, "Paradise Lost."

3. A man while describing to me a certain magazine article suddenly made the discovery that he was unable to recall the author's name. This surprised him considerably for he is not only well acquainted with this author's writings, but he even knows him personally. Upon searching his mind for the missing name there occurred to the subject the name *Weed*, which, after a moment's thought, he rejected as incorrect. The right name, which was *Wells*, he finally recalled after expending some little thought and effort.

In response to my suggestion that we attempt to analyze his forgetting, he gave free associations to the name Wells with the results that follow: It first occurred to him that a certain relative of his was named Wells D. He next thought of the story, heard many times in his boyhood, of Wells D's death. (This relative died before the patient was born.) Wells D when about thirteen years of age paid a visit to some friends in Vermont, and there for the first time saw the operations of tapping maple trees, gathering sap, and making maple sugar. Wells was greatly interested in these proceedings, and when he returned home decided to tap some maple trees on his own account. Preparatory to carrying out this plan he cut some sticks from what he fondly believed to be elder bushes, intending to make therefrom the wooden tubes, or "spiles," which in the operation of tapping are inserted into holes bored in the maple trees. But it so happened that the sticks Wells cut were not elderwood but poison sumach. Thus, when in making his spiles the boy used a red-hot iron to burn the pith out of these sticks, a most poisonous smoke was produced. Some of this he inhaled, a horrible inflammation was set up throughout his entire respiratory tract, and a few days later he died in great agony.

After concluding this narrative the subject found his mind occupied with a mental picture of Wells D's swollen and suppurating nostrils. Next there occurred to him a

conversation he had had with a woman he knew slightly, in which she described how the mucous membrane of her nose became swollen during certain attacks of hay fever to which she was subject. It also occurred to him that he had recommended to this woman that she spend the summer in a certain country city where he had once lived.

Following this association he recalled that in this country city there resided a girl in whom at one time he had been very much interested. This young lady, who was far more distinguished for her personal beauty and power of attracting than for any ethical attainments, had won for herself, through certain peculiarities in her behavior toward men, the nickname "The Clinging Vine."

The precise nature of the patient's relations with this girl it is not necessary to disclose here. Suffice it to say that the complex concerning her was one of no mean proportions, and that it contained memories both pleasant and painful.

He had not seen her for three or four years when he received a piece of news which gave him no great delight. A mutual acquaintance informed him that she had contracted gonorrhœa, and that this disease she distributed with such freedom and impartiality among the young men of her vicinity that her former nickname, "The Clinging Vine," was changed to the equally picturesque appellation "The Poison Ivy."

This latter circumstance apparently accounts for the subject's difficulty in recalling the name Wells. His complex of ideas concerning the young lady was on the whole a decidedly painful one, and had therefore been to some extent repressed. But the resistances established to prevent the Poison-Ivy-painful-inflammation theme from entering his consciousness would naturally tend to exclude the almost identical poison-sumach-painful-inflammation theme likewise. And since the name Wells was firmly fixed to this latter theme, it was necessarily excluded with it.

Now a word as to the incorrect name, Weed, which was rejected by the patient. Analytic experience has shown that the word or words which come to one's mind while searching for a forgotten name, are connected with the re-

pressed complex producing the forgetting by 'a chain of associations quite as perfect as that existing between the complex and the word forgotten. This is obviously true in the case at hand. The association between the words *weed* and *poison ivy* is practically an immediate one. And it may be supposed therefore that the Poison-Ivy complex might have been reached with equal readiness from either *Weed* or *Wells* as a starting point for free associations.

DREAM ANALYSIS RECORD

A. NARRATIVE PAGE

Directions—Fill out the pages in the alphabetical order of their distinctive letters. Use page A for narrative of dream; page B is for the inventory. If any page is too small to hold its intended contents, use the corresponding page of another blank sheet; adding for clearness a serial numeral after the letter prefix.

This is page A. (Insert numeral if needed.) Date of dream. Present date.

PRELIMINARY RECORD OF DREAM

Before proceeding with a connected narrative of the dream it is well to jot down the salient points while fresh in mind. These jottings are landmarks which aid in retracing the details or by-ways of the dream.

"MY DREAM WAS ABOUT": (Put down your jottings and then the full story.)

SUPPLEMENTARY DETAILS OF DREAM

After telling the dream in concise fashion in the left-hand column, it is advisable to supplement as far as possible this gross narrative with more circumstantial details. Use this column for all such extra material, which would otherwise break the continuity of the dream story.

"I MIGHT ADD THE FOLLOWING":

DREAM ANALYSIS RECORD

B. INVENTORY PAGE

Directions—Make a list below of all the scenery, characters, "stage properties," situations or other features of the dream that you can separately itemize. Have this list complete by going over the dream as recorded on page A, and picking the whole performance to pieces from a mechanical standpoint; that is, as if it were a show on the stage, where you would expect most of the things to be artificial or at least not what they purport to be.

This is page B. (Insert numeral if needed.) Date of dream. Present date.

Items of Scenery, Structural Arrangement, Stage Setting and Weather in Dream

Stage Properties and Make-Up: Include Hair, Fur, Plumage, Clothing and Objects of all Kinds

List of Situations, Tableaux, Scenes and Transformations in the Dream-play

List of Characters in Dream: include Animals, animated Objects and Effigies

Attitudes of Characters: particularly their Postures and emotional Tone

Note: Note that any conspicuous feature of any character's make-up, such as overgrown parts or peculiar appendages, should be listed with Stage Properties, etc.

Note: The dreamer's own attitudes or feelings should be listed here and be treated like those of any other character.

DREAM ANALYSIS RECORD

C. ASSOCIATION PAGE

Directions—After making out a detailed list of all the separate or separable items in your dream, as required and explained on page B (Inventory page), proceed then as follows: Give your attention singly to one item after another of the inventory. With reference to each item in turn ask yourself what it makes you think of. Record the result, whatever it may be. Perhaps you will be reminded of the like you have seen before in real life. In any event, whatever comes to mind in connection with this procedure is of interest, and is wanted for the purpose of explaining your dream.

This is page C. (Insert numeral if needed.) Date of dream. Present date.

NAME OF ITEM Refer briefly to the topic	WRITE BELOW YOUR SEVERAL ASSOCIATIONS OPPOSITE THE CORRESPONDING ITEMS When you have written enough about any single item draw a line across the page and take up the next. Leave right margin blank.

Fig. 1. Reduced facsimiles of the first three blank forms. The printed headings are here crowded together, thus cutting out the blank columns used for the record.

INVENTORIAL RECORD FORMS OF USE IN THE ANALYSIS OF DREAMS¹

BY LYDIARD H. HORTON

*Psychopathic Department of the Boston State Hospital,
Boston, Mass.*

IT is not here proposed to justify or to advocate the practice of analyzing dreams. I pretend merely to present in brief the technical aids that I have used in the last few years, and which look toward a more objective method of dream analysis than is usually pursued. The method in question is not necessarily for the recognized expert; since he may well be allowed to arrive at his conclusions by skipping intermediaries and, as it were, dramatizing his subject's dream forthwith. The method to be described is for those workers in psychology who may wish to reach agreement as to a given case of dream analysis by the application of objective, that is to say, statistical methods.

As will be seen from the appended blank form, the dream inventory, here proposed, is not a very complicated thing. Yet, for the lack of such an inventory how many a dream analysis has gone astray and wandered into unnecessary vagueness. In a word, the dream inventory is nothing more than a systematic and clean-cut enumeration of the principal items entering into a given dream phantasy.

The making of an inventory is a simple but careful process of carving up the dream narrative and re-forming it into convenient units. These are formed with a view to the familiar free association experiment. The fixed units, so constituted, are maintained throughout the experimental investigation of the dream. And the success or lack of success in interpreting the dream is to be measured with due reference to the units originally set down as items to be accounted for. Thus, at the start, we have some indication as to what there is to be done, and some way of measuring

¹ Submitted July, 1913; being Contribution Number 27 (1913.27) from the Psychopathic Hospital, Boston, Massachusetts. The previous contribution (1913. 26) entitled "The Psychopathic Hospital Idea," was by E. E. Southard, M.D.—Journ. Am. Med. Assn., Dec., 1913.

at the end what has been accomplished, by referring to individual items of stated number and character.

The inventory is not only an enumeration and a catalogue of items to be accounted for, but it is also a classification of the elements in the dream. Let me illustrate by the use of the various heads of classification.

Let us suppose that Lewis Carroll's famous story, "Alice in Wonderland," is to be treated as if it were a real dream, and that an inventory is to be made of it. In this story, from first to last, we shall find many items of scenery, stage setting, structural arrangement and weather. Under this general heading, which is the first heading of the inventory, we shall place such items as the following:

- Item: A meadow.
- " A hedge.
- " A rabbit-hole.
- " A straight tunnel.
- " A long shaft.
- " A heap of sticks and leaves.
- " A long passage.
- " A long low hall.
- " Doors all around hall.
- " Little door leading to
- " Small passage and
- " A beautiful garden.
- " A hot day.

This sort of enumeration could be continued until all the important items in the dreamlike narrative of "Alice in Wonderland" had been listed.

Refraining from a complete recital of the inventory of "Alice" let me state that the usual dream inventory is made to contain four other principal groups of items. The second class or group is a list of the characters in the dream narrative, including animals, animated objects and effigies. Accordingly we shall find, in the second class, the dreamer: in this instance Alice, herself; secondly, we shall find the White Rabbit, and farther down in the list, the Duchess, the Queen of Hearts, the Hatter, the March Hare, Bill the Lizard, the Caterpillar, the Cheshire Cat and the animated deck of cards. It happens that there is no effigy in

"Alice," but the appearance of statues, animated busts and the like in dreams, is sufficiently frequent to warrant the use of the word "Effigies" as a heading for classification.

The third class consists of so-called stage properties and make-up; it includes hair, fur, plumage and clothing of the characters in the dream and minor objects of all kinds. Under this heading we shall find the clothes of Master White Rabbit; and by a special arbitrary convention also his pink eyes. For the inventory carries a specific instruction to the effect that Class 3 should include any conspicuous feature of any character's make-up. This would apply to any portion of the body that figured conspicuously in the dream story. Accordingly, we shall find the "Grin of the Cheshire Cat" likewise listed in the third class.

The fourth class demands a somewhat greater ingenuity of the inventory maker than the three preceding. It consists of the situations, tableaux, scenes and transformations in the dream-play. It is thus essentially concerned with the apparent plot and action of the dream; hence we shall list in this class as a first item "Alice in pursuit of the Rabbit," and all the several actions of the Rabbit and of Alice. The game of croquet will figure here, and Alice's difficulties with the hedgehogs and flamingoes.

But the postures and attitudes of both flamingoes and hedgehogs, together with Alice's own annoyance at their baffling ways, will be individually itemized under the fifth class.

The heading for the fifth class is as follows: "Attitudes of Characters; particularly their Postures and Emotional Tone."

There is on the inventory sheet the following note, namely:

"The dreamer's own attitudes or feelings should be listed here, and be treated like those of any other character." Accordingly, Alice's various emotional attitudes throughout the dream will find a place in this fifth class.

The foregoing classes constitute the five primary groups of items necessary to an enumeration of the essential mental images in "Alice in Wonderland," and likewise in any given dream which it may be desirable to analyze in the same

fashion. But this classification is not exhaustive, and has been found in many cases to slight or pass over and fail to catch important pieces of imagery quite likely to appear in dreams. These may be called the special mention group of items; and to accommodate them, four other classes have been formed in which are entered the special mention items. These items consist mainly of abstractions from the items in the other five categories and will be reserved for later notice.

It will now be seen that there are nine classes. This number is not arrived at by accident, but is part of a deliberate scheme to use the decimal system of classification in the tabulation of results. Applying this system, each of the nine classes is designated by a number: Class 100, Class 200, etc., up to 900. Then under each class, the several items in the order listed are numbered from 1 to 99. As the average dream has about five items to a class, there is plenty of leeway for the most minute classification, but the possibilities of transgressing these provisions by a too minute classification is ruled out by the enforcement of standard rules for itemizing.

A word should be said about the rules for making a standard inventory. This standard is based on the expected need of classification as arrived at after experiment with two hundred dreams of normal people, and, to finish off, an experiment in classifying "Alice." Thereafter, the classification of "Alice" was treated as a model and guide in the matter of listing items taken from actual dreams. For owing to the genius of Lewis Carroll, the narrative of these adventures, chapter by chapter, presents essentially the same problems as are found in actual dreams. It is, then, the existence of a common standard of this kind which gives to the dream inventory its objective character, and which tends to make the items in different dreams reasonably comparable. With this beginning assured, we may look for some validity in the statistics of individual differences in dreams.

But it now high time to give an illustration. Yet no example of this method can be given without considering the manner of setting down the dream as told by the

dreamer, on the so-called narrative page, or Page A.

From the reprint of this page, it will be seen that it is divided into two columns: one, for the spontaneous narrative; the other, for the supplementary details or interpolations that may occur later, as delayed reactions of memory. In practice it is found that this second column quite lives up to the traditional reputation of the postscript in a woman's letter. For the most significant matter is most often held back, and both sexes demonstrate this peculiarity of recall. Here at once we meet the phenomenon of reserve or repression or temporary amnesia which we shall encounter in so many by-ways of the dream analysis. Next in order comes the use of the inventory page, Page B. Here it may be said that not the least advantage of this first inventorial record is, that it enforces an orderly stimulation of the memory in the course of the making of items.

Let us now take for our illustration a dream told by a little girl not quite six years old.

"It was some place out-of-doors. There were snakes around, and father was killing them with a stick."

This is all for the first column of Page A. As the child has apparently nothing more to relate, we proceed with the inventory, in summary fashion, as follows:

Class 100. *Scenery, stage setting, etc.*

Item 101. Some place out-of-doors.

Class 200. *Characters, etc.*

Item 201. The dreamer, as herself.

" 202. The dreamer's father.

These items are plain, but there is a question as to the next. Shall we count the snakes as a collective item, or shall we go into details? Here the child comes to our rescue with supplementary information, while our pen travels back to Column 2 of Page A; narrative page.

"There were," she exclaimed, "two kinds of snakes. Some were very poisonous, and some were not so poisonous, and the kind that were not so poisonous had square heads, like that" (and the child made with her two hands in the air the outline of a rectangle). "And the kind that were very poisonous had little handles on the front of their

heads." (Here another pantomime descriptive of a loop-like appendage to the forehead.) "And the way father would kill them was this. He had two sticks, and he would put one stick through the handles in their heads and hold the snakes that way; then he would kill them with the other stick."

Q. "Is that all you can remember?"

A. "Yes, that is all."

These supplementary details having been set down on Page A, Column 2, we are no longer in doubt as to the classification of the snakes as characters in the dream.

Item 203. Snakes with rectangles for heads.

" 204. Snakes with handles or loops on their heads.

Class 300. *Stage properties and make-up, etc.*

Item 301. The square heads of the snakes.

" 302. The loops or handles on the heads of the other snakes.

" 303. Father's stick, No. 1, for holding the snakes.

" 304. Father's stick, No. 2, for killing the snakes.

Class 400. *List of situations, etc.*

Item 401. Dreamer observed snakes all around.

" 402. Father killed snakes in two operations: (a) inserting stick into handle; (b) completing the operation with the other stick.

Class 500. *Attitude of Characters, etc.*

(The supplementary details show that the child was enjoying the proceedings, and that she admired the facility which the father displayed.)

Item 501. Dreamer enjoying proceedings.

" 502. Dreamer proud of father's success.

" 503. Competent attitude of the father.

We have now classified every substantial item. If there are any other items they belong to the special classes, and only one of these classes need be mentioned here: namely, Class 600, of which the heading is as follows:

Special Mention. Sensory constituents: Taste, color, smell, sound, weight, number, form, texture, consistency, etc.

While in some dreams this class of items might play a considerable part, in "Alice" they play a relatively small part, and in the dream now under investigation, only one

item of this class was sufficiently emphasised in the dreamer's memory to justify a record. Accordingly we have:

Item 601. The squareness of the snakes' heads.

We have now a total of thirteen items belonging to six classes. These items are fixed. They will be retained throughout the subsequent investigation; to explain and reconcile these items or dream elements is the extent of our task. The demand upon our science and ingenuity has been made as definite and as objective as possible.

By this inventory and classification, the technique of further operations has been not only intellectually clarified, but mechanically facilitated. A glance at the number of any item tells us its classification and guides us to its place of original entry.

A similar clearness and saving of time are guaranteed by the use of special inventories for tabulating the associations of ideas with the several items. In other words, there is to be in each case an inventory of associations as well as an inventory of the imagery in the dream narrative. This principle of objective classification for the association of ideas is not new, and harks back to Galton's "Psychometric Experiments."

In this case of dream analysis, which is chosen because it is ultra-simple, not much more than the first inventory could be done in accordance with the established technique. Before pen and paper could be obtained to go on with the association test every item had been responded to. Briefly summarizing the record of the associations, it is found that the out-of-doors suggests to the dreamer a road in the fields where the mother picked up a dead snake one day, on the end of a stick.

In addition to this, and still allied to what Freud calls the manifest content, there was a previous incident in which the father had killed a snake on the road with a stick. Then it developed that, on the later occasion, a passing farmer had dilated on the varieties of snakes in the neighborhood; especially had he mentioned two kinds that were to be differentiated by the shape of their heads. But he had not described them as poisonous; and here we were at a loss to account for the idea of *poisonous*, until the mother

remembered certain features of the children's play. They had been using the words "poisonous" and "snaky" as synonyms for dangerous; applying it even to slippery rocks and other things to be avoided.

By way of interpretation, we made the surmise that the dream had to do with the child's well-known desire to play around a forbidden well in the pasture.

In fine, it turned out that this conjecture was quite correct; for, escaping our inquisition, the child disappeared from view around the house, only to return presently in the company of the maid, from the direction of the pasture. With evident delight she was helping the maid to carry a pail of water which she had just been allowed to draw from the well. And it turned out, as will presently be related, that this indulgence had come to her by appointment of the day previous.

We found reason to believe that the poisonous snakes in the dream represented different aspects of the well in the pasture. This well was not a hooded well, and was flush with the ground, and had been covered with rotting gray boards, which the children might easily have fallen through in their play. Hence, the danger and the prohibition. But, in the last few days, the head of the well had been covered with new lumber, making a distinct large, yellow square amid the green. The well had become something dangerous (a synonym for poisonous), with a square head, and would seem to correspond to the first variety of snakes. The second variety that father was killing stood for the bucket which had to be lowered into the well, after a stick had been passed through its handle. The use of two sticks in the dream may now be accounted for in terms of the prototypes.

The actual tool used at the well consisted of two sticks bolted together, forming an angle. One stick was provided with a notch to which the bucket's handle was adjusted, and the other stick was then grasped and let down into the water. Thus the two sticks represented the two stages in the procedure of drawing water from the well. The two different kinds of snakes represented the two different approaches to the well,—the one as a mere onlooker, which

is not so dangerous, and the other the performance with the bucket, which was the more dangerous. Thus all items are accounted for except the term *killing*, but surely it does not require any elaborate reasoning to see that to kill is to finish and complete in a satisfactory manner.

Of course we may question why the father, instead of the little girl herself, should be the principal actor. In answer, some clue may come to us from the consideration that children in their waking fancies are wont to impersonate their elders. Certainly here was a desire to do something

DREAM ANALYSIS RECORD

D. RECENT IMPRESSIONS PAGE

Directions :— Having contributed on Page C your more or less random thoughts about each listed item of the dream, you are now to pick up associations in a more deliberate manner as explained in the headings and marginal notes. Review carefully the 24-hour period *first* preceding dream; earlier periods as called for.

This is page D. (Insert numeral if needed.) Date of dream _____ Present date _____

Enter here briefly, as if in a list of memos. in a diary, a record of impressions obtained during the 24-hour period. Count as such conversations, letters, plays, books, music.

DIARY MEMORANDA covering 24-hour period ENDING _____

CONNECTING LINKS BETWEEN REAL LIFE AND THE DREAM

If the foregoing diary has helped to recall any recent impression or event that seems similar or related to the dream, you should make note of such in left hand column—then mention corresponding features of dream, using right hand column. Record likewise any impressions old or new of which, for any reason, you are forcibly reminded while filling out blanks below. *Underscore such as are not recent.*

Record at once the more certain and striking of observed similarities. At your leisure fill in such others as may occur to you. Old impressions recently revived count as recent impressions.

Be sure to trust as recent impressions whatever stimuli (external or internal) may have influenced your condition during sleep.

Impressions or Events in Real Life	Similar or Related Features of Dream
Stimulus Acting During Dream or Sleep	Corresponding Reaction in Dream, if Any

Fig. 2. Reduced from an original approximately 8 in. x 10½ in.

essentially "grown-up." By way of confirmation let us turn to the chapter of recent impressions.

By a review of the previous day, such as outlined in Form D, we found the following facts, unknown when the guess was made at the interpretation of the dream. It seems that the dreamer's older sister had been allowed to draw water at the well, the day before this dream; a fact which had resulted in a noteworthy emotional attitude in the dreamer. For, out of caution, the maid had compelled her to remain behind, at the gate of the pasture; from which point of vantage she had observed the proceedings, in a paroxysm of envy and disappointment. As a result of her tears and entreaties the maid had promised that it would be her turn the next morning. Meantime, the repressed wish had been reflected in the dream.

The disguise undergone by the wishful ideas does not appear to be correlated with a sexual repression. Sufficient motive of another kind was furnished for the repression by the fact that the drawing of water at the well was to be *sub rosa* and contraband. For, the mother's prohibition being still outstanding, the child thought she might be doing wrong to accept the maid's invitation. Indeed, her fear of discovery did in part account for her evident anxiety to withdraw from the association experiment.

The validity of this dream interpretation is, of course, a matter of inference and one secondary to the records of fact for which the Forms A, B, C and D have been devised. While these do not favor any one type of interpretation above another, it can be said that the result of their use is to place the burden of proof where it belongs.

Without the inventory, and without the insistence on detailed analysis, this dream enigma might easily have been regarded as solved on the basis of sexual symbolism.

SUMMARY

Dream analysis record forms are presented, comprising four pages.

Page A, for the dream narrative, for (a) preliminary record of dream; (b) supplementary details.

Page B, inventory page. This page provides room for the five principal classes of items, (1) scenery and setting; (2) characters; (3) stage properties; (4) situations, etc.; (5) attitude of characters and postures.

Page C is ruled for free associations to be recorded as reactions to dream items.

Page D this is a special association page for recent impressions: (a) a diary memorandum; (b) a comparative description of actual and of dream experiences; (c) a note of stimuli and reactions thereto, during sleep or on awaking, is provided for.

Dummy items of a dream inventory are presented from "Alice in Wonderland."

A simple dream of a child of six is presented. An inventory is made. The material that would go on Pages C and D is also presented in summary fashion.

As it happens the analysis of this dream seems to show that the imagery (snakes, etc.) can be interpreted on a non-sexual basis. The first four sheets, however, are not calculated to serve for interpretation; they merely present the evidence to be interpreted. The objective handling of a such a record is emphasized in contrast to the usual practice of mingling interpretation with analysis.

THE FREUDIAN PSYCHOLOGY AND PSYCHICAL RESEARCH

BY LEONARD T. TROLAND, B.S.

I. INTRODUCTION

THE PURPOSE OF THIS PAPER

MODERN psychical research aims to prove personal immortality by scientific methods, and while as yet unsuccessful, it has nevertheless adduced some very interesting facts. These have been interpreted by means of the familiar hypothesis of *spiritism*, according to which psychical units can exist independently of bodies, and can communicate with each other by non-physical means. Without denying the possible truth of the spiritistic doctrine, it is the purpose of the present paper to discuss a different interpretation of the facts, one which is suggested by recent psychiatric theory. Because of its definiteness as well as on account of its special relevancy to the situation, we shall make use primarily of the hypothesis of Sigmund Freud¹ with regard to the structure and functioning of the subconscious mind, but it will be obvious that the naturalistic explanation of spiritistic phenomena rests only in part upon the validity of the Freudian theory. The brevity of this article necessitates a very general treatment of the subject, and thus, unfortunately, a neglect of that "individuality of cases," which is so important in nearly all psychological studies.

PSYCHICAL REPRESSION

The key to Freud's psychological theory is his hypothesis of *psychical repression*. Freud's conception of the structure of the individual consciousness resembles that of the psychical researcher, Myers:² the whole of the mind may be compared with a *spectrum*, the elements of which vary progressively in clearness from one end to the other, from the highest level of attention to the lowest regions

¹ Cf. Freud, S. *Über Psychoanalyse*, 1912.

² Myers, F. W. H. "Human Personality," 1903, Vol. I, pp. 17-18.

of the sub- or unconscious. Close to the threshold, the boundary which separates the introspective consciousness from the subliminal region, there are stationed certain elements, or "*Komplexe*," which have the function of guarding the introspective area; these are the so-called "censors," or dominant complexes of the consciousness. All of the images or ideas which can appear before the introspection must first be able to satisfy the censors of their fitness for such "presentation," and such images or ideas as exist in the subconscious but are incapable of passing the censors under ordinary conditions are said to be *repressed*. In general, those images or complexes are repressed which are "incompatible with the ego," ideas which would otherwise tend to take exclusive possession of consciousness and paralyze action. Repressed complexes are usually memories of painful events, with their associates; or kinæsthetic images, with their associates, which if attended to would lead to forbidden lines of conduct.

TYPICAL EFFECTS OF REPRESSION

Common sense assumes that the world of space and of thought or memory is perceived as it actually exists, but if we accept the Freudian theory of repression, we must admit that to a certain extent we see and remember the world *not as it is or was but as we would desire it to be*. We have all a powerful tendency not to perceive, and to fail to recall, incidents and things which are offensive to our own peculiar dispositions. But the censor of consciousness does not have everything his own way; memories and perceptions which cannot obtain admission into the introspective area will nevertheless find a place in subliminal regions, and in this position will not be entirely without effect upon the contents and processes of the introspective field. The mind is a house divided against itself, and very often, for this reason, it comes to disaster. When the guardian complexes relax their hold, as in sleep, the repressed images, more or less disguised in form, take possession of consciousness and constitute the life of dreams. At other times when certain repressed complexes have received a very powerful stimulus, or when through characteristic

processes of their own they have accumulated undue energy, they are able to forcibly break down the guard of the supraliminal region and to take the mind by storm. At such times the individual is said to be subject to hallucinations. Intermediate stages between complete control and the hallucinatory state are characterized by the process of *conversion*, in which the energy of the repressed complex finds an outlet through physiological channels, producing the abnormal motor phenomena of hysteria.¹

GENERAL PERTINENCY OF THE FREUDIAN THEORY TO PSYCHICAL RESEARCH

The general relevancy of the Freudian psychology to the program and results of psychical research may be expressed as follows: The proof of spiritism depends upon the ability of the individual to give a correct, unbiased account of his own experiences. In order to do this he must be acquainted with all of the motives which may possibly influence him in the construction of this account. But the Freudian theory shows that normal individuals are cognizant of only their most superficial motives, and that subconscious mechanisms are constantly at work distorting not only report and memory, but perception itself in the direction of certain preconceived purposes, those which are represented in the characteristic repressions. If you desire to know the motives underlying the life of a given individual, the very last person you should ask is that individual himself.

II. CONTRASTING VIEWS OF THE SUBCONSCIOUS MIND

THE SPIRITIST'S NOTION OF THE SUBCONSCIOUS

It was to be expected that the doctrine of subconscious action would play an important rôle in the development of the spiritistic hypothesis, since it is in connection with this alleged activity that there occur so many mental phenomena for which common sense seems to require a mystical interpretation. The spiritistic theory of Myers regards the more common processes of subconscious action as dis-

¹ Cf. Freud, S. *Sammlung kleiner Schriften zur Neurosenlehre*, 1912.

tinct links between the introspective consciousness of normal human beings and those of disembodied spirits, and, according to its author, we may hope to employ such manifestations of subconscious forces as dreams, the inspirations of genius, sensory automatism, etc., not only as means of expression for departed personalities, but also in the proof of man's spiritual nature. It is but natural, then, that Myers' attitude toward the subconscious mind should be somewhat idealistic and romantic.

FREUD'S DOCTRINE OF THE IMMORALITY OF THE SUB-CONSCIOUS

How different from this is the Freudian view, in which the subconscious appears to be composed primarily of the moral and æsthetic excreta of the ideal life. The essential forces in subconscious activity are ordinarily those of lust and malicious envy, with all of their most vicious derivatives. This doctrine of "*die Animalität des Unbewussten*" which follows so immediately from the Freudian assumptions — through the repression of natural instincts — throws a light upon subconscious phenomena which is quite different from that cast by the more romantic theory of Myers. On the basis of the Freudian hypothesis we should expect that the most grossly immoral subconsciousnesses would be possessed by those persons who in their supraliminal activities are the most guileless; conscientious clergymen when under the influence of their suppressed complexes should exhibit highly villainous tendencies. On the other hand, rakes and cutthroats, when intoxicated or dreaming, should be pure-minded and gentle. This leads us to suspect all defences of the reliability of spiritistic results which are based upon the asserted impeccability of witnesses. In so far as the results in question are supposed to be dependent upon the subliminal rather than the supraliminal or liminal self, we must conclude that the more impeccable the individual is the more he is to be suspected. We shall return to a more detailed discussion of this matter of the trustworthiness of witnesses to psychical phenomena in the final section of this paper.

THE ANIMAL CLEVERNESS AND KEENNESS OF THE
SUBCONSCIOUS

According to Freud, the repression of primitive instincts cannot be regarded as wholly a matter of individual education; in great part it is the outcome of racial development. All children below four or five years of age possess instinctive tendencies, such as an erotic love of parents of the opposite sex, scatological motives, etc., which are subjected to automatic repression in the normal course of development, and which constitute in after life a source of specific risibilities or of possible perversion.¹ It is in line with this easily demonstrable set of facts to suppose that many of the functional tendencies of our prehuman ancestors have not been *lost* by man, but have merely been *repressed*, this repression occurring, in many cases, prior to the birth of the individual. Now among the faculties of perception and reaction thus confined to the subliminal realm we should expect to find many which when they are released by hypnosis or some other state of dormancy of the upper complexes, such as the hysterical trance characteristic of the typical medium, will give rise to effects suggesting a spiritistic interpretation. When we see a somnambulist walking with an unflinching step along the gutter of a high roof, we may be tempted to say that angels are bearing him up, but the truth probably is that the instincts of the ape are the actually operative forces. We know that if the sleeper is awakened he will be placed in immediate danger of a fall, for his simian agility depends upon subconscious control and will be lost as soon as the inhibitory agencies of the "upper level" come again into play. *The subconscious is not only morally unreliable; it is wonderfully crafty*; it possesses physical sources of perception, and powers of inference and adaptation of an automatic character, which are quite foreign to the introspective mind. We shall point out the significance for mediumistic experiments of two or three such *repressed faculties* in our discussion of clairvoyance and spirit messages. If we accept the Freudian hypothesis with all its implications we must

¹ Cf. Freud, S. Three Contributions to the Sexual Theory (Eng. Trans. by A. A. Brill), 1910.

admit that the faculties of the subconscious mind are more commensurate with those of dumb animals than with the powers and limitations which we ordinarily recognize as human.

THE PERFECTION OF SUBCONSCIOUS MEMORY

There is another very important consideration with reference to the nature of the subconscious, which is distinct from the above, but which is derivable from the same fundamental presuppositions. We refer to Freud's *explanation of forgetfulness*.¹ Modern psychiatric investigation leads us to the conclusion that failure to remember is not due to any weakness of retention as such, but is solely attributable to repression. We would recall with complete accuracy everything which we had ever experienced, if it were not for the fact that almost all of our memories are kept out of the normal consciousness by the structure of the mind. The writer gathers the impression from his relatively superficial acquaintance with the views of psychological researchers that most of these men accept the doctrine of the *perfection of subconscious memory*. But owing to their spiritistic bias they have slurred over the important and far-reaching significance of this principle for the types of phenomena which they are studying. If it is true, as Dr. Morton Prince has given us reason to suppose,² that the intimate details of objects and incidents which have been observed "out of the corner of the eye" can be reproduced in great perfection during the hypnotic or hysterical trance, in which the subconscious complexes are operative, and if, as Freud has shown, our subconscious memory extends back not only as far as the moment of birth, but to experiences of intrauterine life, we must be very careful indeed in our judgment that any given past event or property is not represented by a physically produced record in the mind of a mediumistic person with whom we are experimenting. In the light of the principle of repression we are in duty bound not to accept the affidavit of that person himself in this regard, no matter how honest he may be, for the fact in

¹Freud, S. *Zur Psychopathologie des Alltagslebens*, 1912.

²In various articles published in this JOURNAL and elsewhere.

question and its subconscious record may never have been in his introspective consciousness at all.

THE MOST PROBABLE TYPES OF PARAMNESIA

In the attempt to explain the results of psychical research upon a naturalistic basis one is tempted to make large use of the concept of *paramnesia*, or false memory. In paramnesia we recall that a certain event has taken place or that a certain idea has previously occurred to us, when as a matter of fact the event or idea in question is a new one. From the point of view of the Freudian psychology it seems that the memory images appearing most often in paramnesia should be those which are associated with the most significant or massive of repressed complexes, which represent forms of activity desired but unrealized by certain elements in our personality. Paramnesia would then amount to a "catharsis" of these repressed elements: instead of actually experiencing the desideratum we — or the special complex which is involved — achieve the next best thing, a psychologically complete, but untrue, memory of having experienced it. It is not contrary to the explanation of paramnesia as catharsis to prove that many alleged cases of such false memory center about ideas which are abhorrent to the ordinary introspective consciousness, for all repressed complexes are *ipso facto* thus abhorrent. However, it is always necessary to discriminate between the repression which is primarily due to subjective motives, and that which follows as a consequence of the failure of objective conditions to satisfy appetitive tendencies. A man may dream of the death of his father because of the suppressed jealous hatred of his childhood for his mother's husband, or on the other hand he may dream of the presence before him of a deceased friend, because of a desire which has disappeared from consciousness only on account of its continued disappointment.

FAMILIAR AND UNFAMILIAR IDEAS

In reports of premonitory visions the percipient often notes the fact that previous to the experience his mind had been free from the ideas which the vision concerns.

This is taken as a presumptive point in favor of the super-normal interpretation. But if we suppose these visions to be the expression or release of repressed complexes, the fact that the subject did not anticipate his experience rather strengthens the argument in justification of the naturalistic hypothesis, since it is only when the introspective field is free from certain ideas that these can be said to be repressed.

POINTS OF APPLICATION OF THE SUBCONSCIOUS

Freud, and psychiatrists in general, suppose the subconscious complexes to be the effective agents in all those types of mental and physiological activity which particularly interest the psychical researcher: dreams, hallucinations, inspirational ideas, automatic writing, the visions of the crystal gazer, the psychic state in hypnotism and hysteria, etc. All of these phenomena are subsumed under the single class of catharses of repressed complexes, or the expression of subconscious tendencies of the mind. This is an important consideration since it indicates the continuity which exists between all of these different states and processes of personality.

III. SOME POSSIBLE NATURAL MEANS OF "TELEPATHY"

THE IMPORTANCE OF TELEPATHY

The notion of telepathy, or "thought transference," has played an important part in modern spiritism. Telepathy is supposed to be the peculiar process by which spirits influence each other, by which the living communicate non-physically with the living, and more especially by which disembodied souls make known their thoughts to the minds of persons still in the flesh. Certain of the experiments of English psychical researchers — in particular Professor and Mrs. Sidgwick¹ — have shown that between persons in the same room there is a pronounced telepathic tendency. In the guessing of numbers, lying between ten and ninety, thought of by another person, eleven times as

¹Sidgwick. *Proc. Soc. Psych. Research*, Vol. VI, pp. 128-171, 1890.

many successes were made in a rather long series of trials than was to be expected on the basis of pure chance. The question of the means by which this apparent telepathy between the living is accomplished is of cardinal importance for the whole theory of spiritism for the reason that if a naturalistic explanation of this process should be forthcoming it might make logically impossible any further demonstrations of telepathy with the dead, since in any case of supposed communication from departed spirits some living person must exist who shares the memory which is communicated. Otherwise it would be impossible to identify this memory. It is the purpose of this section of our paper to emphasize certain explanatory means of this sort, which have been suggested by others in the customary criticisms of telepathic experiments, but which are given additional probability by the Freudian theory.

THE RELEVANCY OF PSYCHICAL DETERMINISM TO RESEARCHES IN TELEPATHY

Since the program of psychoanalysis defines an attempt to account for human thought and action in terms of the constitution of the subconscious and fore-conscious mind, and in these terms only, it is of necessity *deterministic*; it asserts that absolutely nothing happens in consciousness which has not a cause, and consequently which cannot be adequately explained. We cannot admit that when — as in the experiments upon telepathy which we have mentioned above — the selection of numbers lying between specified limits is demanded of the subject, his choice, if not telepathically determined, is governed by *chance*. A case given by Dr. Ernest Jones of Toronto¹ shows in what manner the seemingly random selection of a number may depend upon the peculiar mental constitution of the individual who selects it, and how the character and basis of this determination may be clearly revealed by psychoanalytical procedure. The method employed by the Freudian school demands a study of the causation of veridical cases of "thought transference" from the point of view

¹ Jones, E. "The Psychopathology of Every-day Life." Am. Journ. of Psych., Vol. XXII, p. 478, 1911.

of the percipient rather than from that of the agent. The latter method or viewpoint at once suggests telepathy; the former might very well lead us directly to some clearer explanation in ordinary psychophysical terms.

THE MOTOR THEORY OF CONSCIOUSNESS AND THE SUBCONSCIOUS INTERPRETATION OF MUSCULAR EXPRESSION

The so-called *agent* in experiments in telepathy endeavors to maintain at the focus of his consciousness the image which he desires to transfer to the percipient. Now if we accept the modern *motor theory of consciousness* we must admit that he cannot do this without calling forth some muscular expression characteristic of the idea which is foremost in his mind, and if this motor activity produces any effect which is physically perceptible to the passive participant in the experiment, the effect in question may become the basis of a pseudo-telepathy, provided it is possible for him to interpret the influence which he feels. Our ordinary means of communication is verbal language; but words are merely auditory symbols for states of mind which were originally represented by "conscious attitudes," and conscious attitudes, as every one knows, are the subjective counterparts of specific muscular conditions of the organism; primitive man *thinks with his muscles*. Gesture language has been designated very appropriately indeed by the word "natural," since it is a type of expression which is both inborn and inevitable. As we have seen in the foregoing section of this paper, the subconscious mind is identified in the Freudian psychology with the primitive animal mind, and this we must suppose to be highly skilled in the interpretation of the unconscious motor expression of thought. The subconscious must be far more acute as a reader of character and mood as these are represented in facial and bodily configurations or changes than is the conscious mind; we probably owe those oftentimes inexplicable feelings of distrust or of confidence which we experience in certain human situations to vague supraliminal reflections of the subconscious interpretation of such muscular expressions. In the realm of the subconscious itself they are

probably far more definite than we feel them to be. As we have explained, these animal capacities have undergone suppression in the course of racial evolution, but they nevertheless continue to exist in the subliminal region of the mind, and can therefore regain their primitive effectiveness whenever, as in hypnosis or various forms of automatism, the inhibiting influences are temporarily removed. Because of the very fact of the repression, this ability to interpret the details of motor attitude seems incomprehensible to the introspective judgment.

DETAILS OF THE APPLICATION OF THE ABOVE POINTS OF VIEW

Experiments in the intentional transmission of ideas between persons not in the same room have thus far proven fruitless. This fact suggests, if it does not enforce, the interpretation of successful trials which is indicated in the above paragraphs. It cannot be justly argued that the interposition of screens, and the like, between the agent and the percipient negatives the interpretation in question, since many of the unconscious movements of the agent can affect his subject through the medium of air vibrations, slight sounds or variations in sound which would be wholly meaningless and perhaps inaudible to the normal attention, but which for the subconscious are rich with significance. Very successful results in this field of investigation can be attributed to the selection of two participants — such as a hypnotist and his customary subjects — who subconsciously understand each other, or who are particularly naive in their attitudes and unconscious expressions. In normal life they need not be especially clever.

IV. PHANTASMS OF THE DEAD

VERIDICAL DREAMS AND HALLUCINATIONS, AND TELEPATHY

In addition to telepathy under experimental conditions one has to consider cases of occasional and perhaps unintentional communication of ideas or perceptions. The most striking instances of this latter type of alleged "thought

transference" appear in hallucinatory experiences which prove to be symbolic of the actual death of the persons whose images are perceived. The investigations of the English Society for Psychical Research¹ seem to prove the existence of a causal relationship between such hallucinations and the physical demise of the individuals whom they represent. Unless we desire to assume the actual presence before the percipient of an extended "spiritual body," it is obviously simplest to explain these experiences by calling into play the principle of telepathy, but telepathy in which the agent is a just-departed spirit.

SOME OF THE COINCIDENCES MAY BE ATTRIBUTED TO PARAMNESIA

It is perfectly clear that we cannot explain "telepathy" of this sort by any of the mechanisms suggested in the preceding section, and consequently we must resort to other means. One of these which may be applied to certain cases, at least, is that of *paramnesia*. Where no record of the hallucination or dream is made until after the news which it is supposed to have brought has been verified, the possibility is open that the vision never occurred at all, but that the reception of the news of death gave rise to a paramnesic consciousness which resulted in the report of a prior premonitory hallucination. The ground of the causal relationship between the two would thus be made entirely obvious. Now Freud's doctrine of the bestiality of the unconscious justifies the supposition that all of us may subliminally desire the death of intimate relatives or friends. Subconscious desires of this sort will practically always be accounted for by repressed sexual jealousy,² and it is their connection with the sexual complex which is to be regarded as the source of their effectiveness. The discoveries of modern psychiatry make it likely that all boys below a certain age entertain very strong feelings of this nature towards their fathers and brothers, who are rivals for the affection and favors of the mother in the family. Tendencies of an exactly analogous character but with reversal of the sexual

¹ Proc. Soc. Psych. Research, Vol. X.

² Brill, A. A. *Psychoanalysis*, Chap. IX, 1913.

relationships exist in the feminine mind. Similar sub-conscious attitudes towards rivals in our more mature loves or in business and society are to be expected. Thus we have abundant reason for supposing that there are latent in the minds of nearly all men very persistent and powerful images representing the death of persons with whom they sustain intimate social relationships. If this is true it would appear in the light of our previous discussion that memory errors concerning the presence or absence of such images at specified times are very likely. These errors may be of two sorts: we may remember a dream or hallucinatory perception which as a matter of fact we have not previously experienced, save subconsciously; or, secondly, we may fail to recall presentations of this character which have been frequently conscious, but have not been fulfilled. Both of these disorders of memory militate against the spiritistic interpretation of veridical hallucinations, for negative paramnesia is merely oblivescence, while on the other hand the tendency to forget will apply only to those visions which fail to be verified.

THE SELECTIVE FORGETTING OF DREAMS AND HALLUCINATIONS

This matter of the forgetting of mental events which have-been conditioned by the catharsis of repressed complexes is one which is worthy of special notice. It is a general principle that all such experiences tend to pass quickly into oblivion, the more speedily the more they offend the proprieties of the guardians or censors of consciousness, *i. e.*, the more deeply repressed are the complexes which have attained momentary expression. If visions, or pseudo-visions, of the dead are determined, as we have suggested, by the influence of subconscious rivalry complexes, the memories of these visions will tend to be quickly eradicated from the introspectively available data of the mind, for these complexes are normally tabooed. Consequently statements made by percipients to the effect that the visions in question have occurred but a single time during their lives cannot be accepted as reliable evidence. *The theory of repression establishes a very strong presumption*

not only in favor of the appearance of such visions, but also in favor of their rapid oblivescence. We should expect that only the actual realization of the foreshadowed event would permanently establish the memory. It must not be argued from this that *paramnesic* representations ought also to be improbable, because, according to our view, such representations would always be conditioned by the reception of a definite powerful stimulus, such as the physically communicated news of death. The import of this principle of selective (or arrested) forgetting is obvious; the strength of the results thus far obtained by psychical researchers in the study of veridical hallucinations and dreams lies in the fact that on the basis of certain assumptions with regard to the reliability of the collected evidence, these results force us to infer the existence of a causal relationship between actual deaths and the appearance of the visions. Veridical images are seen four hundred and forty times more often than they should be if chance alone were operative (*cf. supra*). But this calculation assumes that the testimony as to the *uniqueness* of the visions is true, and as we have indicated in our preliminary examination of the Freudian theory, the percipient himself cannot be regarded as competent to act as a witness in matters of this sort, except under the criticism of psychoanalytic tests. If, as the concept of repression suggests, it is possible for certain more or less neurotic persons to experience an indefinite number of dreams or hallucinations of the same general nature — say visions of the death of a particular relative — and to forget these experiences almost as soon as they are over, then we can hardly look upon the calculations above referred to as conclusive; the mnemonic fixation of one hallucination in four hundred and forty by its approximate and probable coincidence with an actual similar event would account for the results as readily as the does the hypothesis of telepathy.

DIFFICULTIES WITH THESE EXPLANATIONS

The conversancy of the psychical researcher with individual cases will lead him to deny that the hypothesis of paramnesia is a universally adequate one. It is certainly

an explanation which can be applied to only a fraction of the cases which are cited as evidence for spiritism, but considering the complexity of the phenomena, what reasonable person would dare make the unqualified assertion that all veridical visions are due to exactly the same causes? Another objection which may be raised against the notion of repressed jealousies as a general explanation of "phantasms of the dead" consists in the observation that these visions do not uniformly represent the deceased person as actually dead or injured. But any one who has read Freud's *Traumdeutung*¹ will find in this fact only a confirmation of the point of view which we have taken; the catharsis of such offensive complexes as those of jealous hatred towards relatives and friends can rarely occur without some mollification of the imagery, to conciliate the censors; it is sufficient that the hallucination should *mean* the death of the person represented.

EFFECTS OF THE REPRESSION OF ILL NEWS

We have stated in our introductory remarks that repression may exert a direct influence upon perception, so that objects or events which one would normally recognize pass by unnoticed — unnoticed by the upper consciousness, that is, but recorded with complete accuracy by the subconscious. Let us, as an ideal case, suppose that a young woman, Miss A, is in love with a certain Mr. B, and that they are forced to separate, although Mr. B reciprocates her affection. In parting, the latter tells her that the blow will kill him. The memory of this declaration haunts her for a time, but finally is repressed; she refuses to believe that her sweetheart will die as a result of the separation. Several years after, she is one day confronted with the image of Mr. B, and hears him tell her that he has just passed to the other side, and that if she will look in the evening paper she will find a notice of his death. She does so and verifies the prediction. This seems to be a good case of telepathy between the living and the dead, but if we examine it from the standpoint of the principle of repression we shall see that the psychological explanation is very simple. In the first

¹ Eng. trans. by Brill, A. A. "The Interpretation of Dreams," 1913.

place Miss A had repressed the idea of the death of Mr. B, and consequently possessed a tendency not to think or perceive anything which could suggest that idea. The evening of the hallucination she had picked up the newspaper and had glanced over it hurriedly; she had thus seen the death notice, but had failed to perceive it consciously on account of the repression. However, it was not unperceived by the subconscious complexes with respect to which the repression was established, and it constituted a stimulus to these complexes of so powerful a character that they shortly afterwards broke down the repression, for the time being, and produced the hallucination. This is the recognized mechanism of hallucinations in the Freudian psychology. On account of the fact that the act of picking up the paper and looking it over was associated with the subconscious reception of the bad news, we should expect Miss A to categorically deny having ever seen the paper, when she is questioned on this point; the entire system has been dragged deep into the unconscious. This is, of course, only a sample case. In psychical research, as in psychiatry, each case has peculiarities of its own, and demands individual analysis; it often requires a great deal of insight and imagination to arrive at an understanding of the causes which are active in producing the observed effects. But the general principle which we have here suggested would remain the same in each instance: news of death or dangerous illness is received by the individual who afterwards experiences the veridical vision, without arousing any conscious perception, but on this very account setting into action subconscious forces which culminate in the dream or hallucination. The idea of the death of dear friends is powerfully repressed in the minds of all normal human beings, and for this reason there must exist a very powerful tendency to fail to notice, or to misconstrue all sensory influences which would otherwise bring this idea into consciousness. When we combine this conception with that of the perfection of subconscious memory (*cf. supra*) it becomes a very powerful instrument wherewith to combat the hypothesis of telepathy with the dead.

THE INDIVIDUALITY OF CASES

The psychical researcher will undoubtedly be able to bring forward a number of significant cases to which neither the explanation on previous page nor that of paramnesia can be applied. An ideal case of this sort may be suggested as follows. A woman is dying, and during her last moments she bewails the fact that her best-loved son, who is on the other side of the globe, and is believed by all to be in perfect health and out of physical danger, is also at the point of death. Several trustworthy witnesses are present and hear her lamentations. Some weeks later a letter comes which tells of the actual death of the son at a time which coincides approximately with that of his mother. How will the naturalistic mind deal with this case? Obviously paramnesia is ruled out by the fact that the percipient never receives the physical news of death at all, and the impossibility, under the conditions, of immediate physical communication also makes inapplicable the hypothesis of repressed information. We shall be obliged to assert that the concomitance of the two deaths is due to chance, and the psychical researcher would here in all probability agree with us, but he might not also share in our opinion that the woman's persuasion of her son's death was due simply to wish-fulfillment motivated by the desire to have her son accompany her beyond the grave. As we have already remarked, the processes of the subconscious mind are so intricate that in the study of special cases many different factors must be taken into consideration, and we must not jump to the spiritistic hypothesis until we have exhausted all other probable explanations of a particular event. No one will deny that coincidences occur, and that some cases can be brought forward which suggest the spiritistic interpretation with remarkable cogency, — in which we can see no possibility of a connection between the experience and the physical occurrence which is shadowed forth, except the connection be telepathic. But in such cases we shall do well first to examine by psychoanalytical methods the possible source of the experience in the mind of the percipient himself, and if we find it there the coincidence may

be left to take care of itself. A casual examination of the cases cited in Myers' *Human Personality* leads the writer to believe that after we have eliminated those explicable by paramnesia and repressed information, the number of striking coincidences which remain will not be such as to do injustice to the laws of probability.

VISIONS OF THE DYING

In this connection it may be well to say something concerning the interpretation of the visions experienced by the dying. The psychical researcher finds in these experiences an insight into the nature of life after death. The psychoanalyst, on the other hand, would explain them by the same methods which he applies to dreams and hallucinations: they are the automatic satisfaction of repressed wishes, made possible by the dormancy or decay of the customarily dominant complexes. It is to be expected that dying persons will have visions of dear friends who have passed on before them, for the reason that these are the persons whom they have long wished to see in vain. No one acquainted with the Freudian theory of dreams can read the accounts which are given of mystical death-bed experiences without perceiving in them the same predominance of primitive sexual symbolism which is characteristic not only of normal dreams but also of that religious mythology which is so intimately related with the whole problem of birth and death.

V. THE PSYCHOLOGY OF THE MEDIUM AND HER CLIENTS

THE THEORY OF THE MEDIUM

The focus of interest in psychical research seems to be upon the so-called mediumistic phenomena: trance, motor automatism and the like. Under the right conditions, it is supposed, spirits of the dead are able to take partial possession of the physical faculties of certain persons who are more than ordinarily prone to those conditions of mind and body which are indicative of subconscious control. It is a part of the spiritistic, as well as of the psychological, theory of the medium that her activities, both normal and super-normal, are immediately conditioned by subconscious

processes: spirits, if actually effective, operate *via* the medium's subliminal mind. The phenomena characteristic of the hypnotic state, of the hysterical trance, etc., in connection with which the occurrence of "spirit communication" is most frequently alleged, are those which Freud and all other modern psychiatrists regard as expressions of the subconscious disposition of the individual, and it thus appears that we can apply to the mysteries of the *séance* all of those explanatory conceptions which we have already derived from the Freudian hypothesis of repression.

IMPORTANCE OF THE PRINCIPLE OF THE PERFECTION OF SUBCONSCIOUS MEMORY

One of the most important of these conceptions is, of course, that of the perfection of subconscious memory. The medium in her trance purports to make use of the memory records of departed spirits, and in order to prove that she actually does do this the psychical researcher must show that she herself does not possess similar memories. But when it is admitted that everything which the medium has ever experienced, whether consciously or unconsciously, has left in her subconscious mind a permanent and accurate record which is available in its completeness to the personality of the trance, one perceives that to do this is not an easy matter. Even a person who had been constantly with her throughout her entire life would not be fitted to say what she knew and what she did not know, since the conscious memory, at least, of this second person would be very far from complete or perfect.

THE QUESTION AS TO THE TRUSTWORTHINESS OF MEDIUMS

A large number of professional mediums have been proven to be thorough-going swindlers. But there are others with whom most of the work of the psychical researchers has been done, who are unquestionably honest, so far as their normal life is concerned. But in the light of Freud's doctrine of the immorality of the subconscious it is seen that this assurance is of small value, for it is with the subliminal and not with the supraliminal factor in the personality of the medium that the psychical researcher has to deal. When we accuse a medium of making use of

her own memories in the simulation of spirit control we do not say anything which is disparaging to her character, for character is a matter of repressions, and the best, most virtuous, of persons are those who have repressed the greatest number of reprehensible tendencies, and who, consequently, are subconsciously maximally immoral and untrustworthy. In the case of such neurotics as are employed as mediums the activity of the subconscious factors may extend outside of the trance, so that the medium leads a more or less double life, in which, while consciously and seemingly honest, she may nevertheless practise all manner of sly tricks. Even in the person who is wholly unsuspected of neurotic taint tendencies of this sort can be observed.

THE CRAFTINESS OF THE TRANCE PERSONALITY

What has been said in our discussion of telepathy concerning the craftiness of the hypnotized subject applies with redoubled force to the medium in "spirit communication," for here we have to deal with a subconsciousness which is, so to speak, professional in its training. The physical manifestations which occur in the darkened room in the presence of a "psychic," and which are so baffling to those who attempt to discover the means by which they are accomplished, become less inexplicable when we look upon the trance personality as a being endowed with animal cleverness and acuteness in the manipulation of its instruments and in the detection of attempts at interference and exposure. The subconscious cannot become "rattled" or confused, for its adaptations are automatic. Manifestations of apparent clairvoyance or of spirit control may often be accounted for upon the same basis, as we have endeavored to show in our preliminary discussion of telepathic experiments.

UNCONSCIOUS CONFEDERACY ON THE PART OF THE RESEARCHER

Considerations of the above-illustrated variety lead us to realize the possibility of an extensive unconscious collusion between the medium and her clients, the underlying purpose of which is the self-deception of the latter. Many of the psychical researchers undoubtedly nourish a very power-

ful appetite for results favorable to the spiritistic hypothesis. In the field of experimentation scientific honor would necessitate the repression of this complex, and in its repressed condition it would become a subconscious motive which could hardly fail to exert some effect upon the intercourse between the investigator and the medium. Moreover, even obvious outbreaks of this tendency would be neglected by the researcher himself on account of the established repression; even if he noticed at the time that he had revealed something to the medium, he would tend straightway to forget it..

POSSIBLE OPERATION OF THE OLFACTORY FUNCTION IN SEANCES

If we look upon the subconscious mind as a survival of the primitive animal consciousness in which most of the animal functions remain intact (*cf. supra*) we should expect to find that the sensitivity of persons in a condition of trance to *odors* will be very keen. Every one knows how prominent a part the olfactory function plays in animal life, and what fine discrimination the animal exhibits with reference to peculiarities of odor. The peculiar vividness with which characteristic odors bring back to the mind associated impressions is evidence, on the Freudian basis, of the subconscious existence of a rather massive olfactory complex which is normally out of work. But if we suppose that a person in the state of trance finds this primitive function available, we shall not deem it a mystery when such a person, although effectively blindfolded, gives the name of whoever is placed before him, or proceeds to describe the personal appearance and family connections of the latter, provided, of course, that the two have met at some previous time.

THE VISUAL FUNCTION AND THE SUBCONSCIOUS

There is also some probability that the distribution of *visual* impressions with respect to the subconscious mind differs somewhat radically from that normal to the supraliminal region. In normal psychology there exists a constant parallelism, if not a coincidence, between the center of vision and the focus of consciousness; objects seen by means of the periphery of the retina are unclear. But

since in the lower mammals the optical fovea is rudimentary or absent, and since it seems likely that the concentration of the visual function in a very small area of the retina is conditioned in the apes and man by the development of intellectual tendencies, we may feel justified in arguing that the subconscious mind can see much more clearly with the peripheral regions of the retina than can the conscious. This conclusion, which is a direct consequence of Freud's doctrine of repression (biologically considered), is of great importance for the naturalistic explanation of certain of the phenomena observed in mediumistic and telepathic experiments. Since the retinal "rods" are more primitive in their function than are the "cones," we should expect the subconscious to possess a twilight vision more acute than that of the upper level, the "rods" being, as is well known, the organs of "night vision." This aids us in understanding the physical basis of that cleverness of manipulation of instruments in darkened rooms which we must suppose to be characteristic of such mediums as (say) Eusapia Palladino.

THE DOUBLE DETERMINATION OF COINCIDENCES

A deterministic theory of mental life, such as that of Freud, makes it necessary to assert that everything which an individual thinks, says and does, possesses a definite mental cause. As Professor ~~E. B. Holt~~ puts it, each person's activity can be represented as a "constant function" of his environment; if we knew his individual make-up, and the stimuli which he was receiving at any given time, we could predict his reactions with complete accuracy. This possibility of the scientific prediction of thought and behavior has a very direct bearing upon phenomena of apparent clairvoyance. If it is theoretically possible to forecast personal events by a perfectly normal process of reasoning or inference, it is conceivable that the subconscious mind of the medium can operate upon the same basis and thus generate descriptions of scenes and experiences of which the medium has had no direct knowledge, but the probability of the connection of which with certain persons, can be argued from what she (subconsciously) knows of their individual constitutions. For example, suppose that the clairvoyant is told of the death of a certain man with whom

she has previously had a number of sittings. She immediately describes in some detail the remarks which were made by this man upon his death-bed, in the absence of any possibility of having received a report of these sayings, and her description turns out to be substantially correct. Shall we say that she has made use of supernormal sources of information? Not of necessity, since the words uttered by the dying person cannot be supposed to lack a definite cause, a cause which we should expect to find in the constitution of his subconscious mind. But if we admit what has been set forth above concerning the keenness of perception and inference, and the perfectness of memory of the trance personality, we have reason for believing that the medium will know a great deal about the individual make-up of her former client, and that on the basis of this knowledge she will be able to "guess," with considerable probability of success, the remarks he will make upon his death-bed. The ordinary student of human behavior is influenced by the tacit assumption that many mental occurrences are accidental or without definite causes, but from the psychoanalytical standpoint we must insist that this is never a valid assumption, and that every act and thought, however trivial or seemingly indeterminate, possesses a discoverable mental precondition. In studying premonitory visions or other conscious warnings of future events which are fulfilled, we must always bear carefully in mind two possibilities: first, that the experience in question is an effect of the same cause which finally produces the prophesied occurrence, and second, that the experience is itself the cause of the occurrence. When the event which is foreshadowed is an undesirable one, the idea of its actual happening will tend to be suppressed, and in the repressed condition it will constitute a subconscious motive which may lead the individual quite against his will to fulfill the prophecy. It is even conceivable that in bringing this fulfillment to pass there should be active a subconscious desire that premonitory experiences in general be not falsified by after-events: "that it might be fulfilled which was spoken through the prophets . . ."

HAZINESS AND INCONSTANCY IN SPIRIT COMMUNICATION

The naturalistic interpretation of mediumistic experiments does not have to be reconciled with continuous and clear-cut manifestations; most of the supposed spirit messages are hazy in meaning, and the definitely verifiable ideas, when they do occur, seem to have been selected more or less at random from the stock of memories which we attribute to the communicating personality. Thus we are not required to explain a continued and accurate coincidence of ideas, but merely to account for sporadic and ordinarily rather vague coincidences. These may be supposed to correspond with chance information picked up by the medium from time to time. If such chance information is actually the basis of her communications we should expect the latter to be discontinuous and rambling and hence we shall not have to explain this admitted feature of "spirit messages" by assigning it to the difficulties experienced by the "control."

THE USE OF PSYCHOANALYSIS IN PSYCHICAL RESEARCH

One way in which the defendants of spiritism may hope to nonplus their opponents may be found in the adoption by them of the procedure of *psychoanalysis*. In this method of the Freudian school we are at last provided with an instrument wherewith we can penetrate the innermost recesses of the mind and search out the causes of individual thought and behavior. The application of psychoanalysis to all supposed cases of telepathy, clairvoyance, and the like, would often serve to settle without dispute the question as to their supernormal causation. Of particular importance in this regard is the detection of sexual factors; the writer deems it probable that a careful examination of the cases of veridical hallucinations already reported by the British and American Societies would reveal the presence and determining activity of such factors. But perhaps it is too much to expect that the English mind will ever recover from its obsession by Mrs. Grundy. If we accept even half of the discoveries of the Freudian school we shall be forced to the conclusion that it is quite hopeless to expect any light upon these problems of abnormal psychology apart from a careful consideration and analysis of their sexual implications.

